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| <b>Case Number:</b>   | CM15-0032620 |                              |            |
| <b>Date Assigned:</b> | 02/26/2015   | <b>Date of Injury:</b>       | 09/09/2014 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 01/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/20/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57-year-old male who sustained an industrial injury on 09/09/2014. Current diagnosis was not provided. Previous treatments included medication management. Report dated 01/20/2015 noted that the injured worker presented with complaints that included back pain. Physical examination was not included. Of note, a partial report dated 02/05/2015 was included. Utilization review performed on 01/29/2015 non-certified a prescription for interferential unit and lumbar support part time, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and ACOEM in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Part time lumbar support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
 Page(s): 301.

**Decision rationale:** ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the initial acute phase of an injury. The records do not provide an alternate rationale for a lumbar support in the requested timeframe. This request is not medically necessary.

**Interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Page(s): 118-120.

**Decision rationale:** MTUS recommends interferential stimulation as an option in specific clinical situations after first-line treatment has failed. Examples of situations where MTUS supports interferential stimulation include where pain is ineffectively controlled due to diminished effectiveness of medication or medication side effects or history of substance abuse. The records do not document such a rationale or alternate rationale as to why interferential stimulation would be indicated rather than first-line treatment. Therefore, this request is not medically necessary.