

<b>Case Number:</b>	CM15-0037671		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2015

### 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 64 year old male, who sustained an industrial injury on 7/10/13. The injured worker has complaints of low back pain that has subsided but is experiencing spasms on hand, legs and calves. The diagnoses have included stenosis above prior lumbar decompression and fusion. The injured worker had a decompression and fusion at L4-L5 and L5-S1 performed more than ten years ago. The injured worker had his second bilateral L4-L5 transforaminal epidural steroid injection on 1/19/15; Magnetic Resonance Imaging (MRI) of the lumbar spine on 5/9/14 and lumbar spine X-rays done on 2/3/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. The records do not document such red flag findings at this time. The rationale/indication for the requested cervical MRI are not apparent. This request is not medically necessary.

**Home Interferential Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, Neck & Upper Back (Acute & Chronic), Shoulder (Acute & Chronic).

**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.