

<b>Case Number:</b>	CM15-0043445		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: 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 51-year-old male who reported an injury on 10/30/2012. The mechanism of injury was a motor vehicle accident. Other surgeries were noncontributory. Documentation of 01/14/2015 revealed the injured worker had complaints of pain in the left hip that was noted to be aching. The injured worker had constant pain in the low back. The pain traveled to bilateral legs causing numbness and weakness extending to his toes. Physical examination revealed an abnormal gait with a limp in the left leg. Related to the lumbar spine, the injured worker had decreased range of motion and a positive Lasegue's on the left and it was equivocal on the right. There was a positive straight leg raise at 70 degrees on the left and cross positive 80 degrees on the right. This movement elicited pain in the L5-S1 dermatomal distribution. The injured worker had hypoesthesia at the anterolateral aspect of the foot and ankle and of an incomplete nature at L5 and S1 dermatome level bilaterally. The injured worker had tightness and spasms in the paraspinal musculature upon palpation bilaterally. There was facet joint tenderness at L5 bilaterally. The injured worker underwent x-rays of the left hip, pelvis, and lumbar spine. The diagnosis included lumbar sprain/strain rule out radiculitis/radiculopathy, left greater than right, secondary to herniated lumbar disc; left hip sprain/strain rule out internal derangement; and status post prior work related injury to the cervical spine, lumbar spine, and bilateral hand and wrist with residuals. The treatment plan included an EMG/NCV of the bilateral lower extremities; and MRI of the lumbar spine, left hip; and IF unit for home use and pain relief. The documentation indicated a Combo Care 4 electrotherapy was requested as a multimodality approach to functional restoration. Additionally, the request was made for continued lumbar

spine arthrosis and Ultram 50 mg for pain, Prilosec 20 mg for stomach acid, Flexeril and Motrin, as well as physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Interferential (IF) unit for home use and pain relief purposes, 30 minutes, 3 times a day for 60 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines do not recommend interferential current stimulation (ICS) as an isolated intervention and it should be used with recommended treatments, including work and exercise. The clinical documentation submitted for review indicated a request had been made for physical therapy. However, there was a lack of documentation indicating the injured worker had been approved for physical therapy. If therapy was approved, this request would be appropriate. However, the request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for Interferential (IF) unit for home use and pain relief purposes, 30 minutes, 3 times a day for 60 days is not medically necessary.