

<b>Case Number:</b>	CM14-0142951		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 19 year-old female who reported a work related injury on 07/20/2013 due to lifting a heavy person during training and injuring her back. The injured worker's diagnoses consist of lumbar disc displacement, lumbar/lumbosacral disc degeneration, and lumbago. The past treatment has physical therapy and injections into the lumbar spine. A MRI of the lumbar spine dated 01/08/2014 revealed a large disc herniation at L5-S1. Within the documentation it was noted that an x-ray revealed calcification in the soft tissues with loss of lumbar lordosis. Upon examination on 06/04/2014, the injured worker complained of persistent numbness and tingling in her right leg. The injured worker had a positive straight leg raise. During a later examination dated 04/23/2014 the injured worker complained of significant low back pain with radiation to her legs with numbness and tingling in her legs. The patient stated she was working well performing her usual and customary duties. Examination of the lumbar spine revealed marked tenderness and spasms to palpation. There was also normal posture, lumbar lordosis and abdominal girth. Prescribed medications were not provided for review. The treatment plan consisted of injections to the lumbar spine, a six week checkup to determine if surgical intervention is needed, and chiropractic care to decrease inflammation. A request was received for DME - IF unit & supplies and Continue Physical therapy 12 sessions. The rationale for these requests and the request for authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME - IF unit & supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar sprains and strains

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

**Decision rationale:** The request for DME - IF unit & supplies is not medically necessary. The California MTUS states interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In regards to the injured worker, there was evidence of conservative care which consisted of physical therapy and chiropractic care. However, the details of the conservative care were not provided. Additionally, there is no indication that the pain was ineffectively controlled due to the diminished effectiveness of medication due to side effects, history of substance abuse or significant pain post-operatively that limits the ability to perform exercise programs/physical therapy treatment. As such, the request for DME - IF unit & supplies is not medically necessary.

**Continue Physical therapy 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The request to continue Physical therapy 12 sessions is not medically necessary. The California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review stated the injured worked completed physical therapy and chiropractic care. However, documentation regarding those sessions were not provided for review. There was mention of functional improvements such as working well performing her usual and customary duties. However, within the documentation there was no evidence of exceptional factors to warrant additional visits. The California Chronic Pain Medical Treatment Guidelines also recommends active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Additionally, the clinical documentation did not provide any current significant functional deficits or quantifiable

objective functional improvements with regards to the lower back with previous physical therapy sessions and chiropractic care. There is no documentation of any significant residual functional deficits to support the request for additional therapy. Therefore, the request to continue Physical therapy 12 sessions is not medically necessary.