

<b>Case Number:</b>	CM15-0017676		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/23/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Arizona  
 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 34-year-old male who reported an injury on 07/23/2014 due to an unspecified mechanism of injury. On 12/29/2014, he presented for a follow-up evaluation regarding his work related injury. He reported pain in the cervical and lumbar spine. On examination, there was tenderness to palpation at the cervical spine. At the lumbar spine, there was tenderness to the paraspinals with spasm noted. He had a positive straight leg raise to the right calf. He was diagnosed with cervical spine sprain and thoracic spine/lumbar spine pain. It should be noted that the document provided was handwritten and illegible. His medications included Prilosec. The treatment plan was for a 30 to 60 day initial trial of interferential care unit with accessories. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30-60 days initial trial of an interferential care unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines indicate that interferential stimulation units are not recommended as an isolated intervention. It is also stated that a 30 day trial may be recommended after there is failure of recommended conservative care. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical and lumbar spine. However, there is a lack of documentation showing that he had tried and failed all recommended conservative therapy options to support the request. There is also a lack of documentation showing that he is actively participating in an adjunct program with an evidence based functional restoration approach. Also, the request for a 30 to 60 day initial trial would not be supported as it exceeds guideline recommendations. Therefore, the request is not supported. As such, the request is not medically necessary.

**Electrodes, 4 packs:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Batteries, 12:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Adhesive remover wipes:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Lead wires, 1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.