

<b>Case Number:</b>	CM15-0026229		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 61-year-old male, who sustained an industrial injury on 2/19/14. He has reported neck, shoulder a head injury. The diagnoses have included cerebral concussion with memory and cognitive problems, cervical spine sprain, right shoulder sprain and lumbar spine sprain with right sciatica. Treatment to date has included physical therapy, acupuncture, oral medications and topical cream. (MRI) magnetic resonance imaging of lumbar spine was performed on 11/18/14 revealed multiple herniated lumbar disc herniation and degenerative disc changes. Currently, the injured worker complains of neck pain with radiation to right upper extremity and numbness of right hand, improved since last visit. On exam, tenderness is noted along the lumbar paravertebral muscles, spinous processes and sacroiliac joint and pain in lumbar spine with heel walk. Tenderness is also noted along right cervical spine, right upper trapezius and paravertebral muscles. On 1/15/15 Utilization Review non-certified interferential unit to purchase, noting it is not recommended for an isolated intervention and lumbar support, noting it is not recommended as an option for treatment. The MTUS, ACOEM Guidelines and ODG were cited. On 2/10/15, the injured worker submitted an application for IMR for review of interferential unit to purchase and lumbar support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF Unit Rental TP Purchase for 2 months:** 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 TENS Page(s): 113.

**Decision rationale:** According to the MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the conditions described below: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker has none of the MTUS / recommended indications for the use of a TENS unit. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.

**Lumbar Support:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45.

**Decision rationale:** According to the Occupational Medicine Guidelines Inactivity and/or immobilization should be limited because they result in deconditioning and bone loss after relatively short periods of time. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.