

<b>Case Number:</b>	CM15-0079186		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/01/1999
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 65 year old male, who sustained an industrial injury on 08/01/1999. On provider visit dated 03/09/2015 the injured worker has reported neck pain with migraines a low back pain into the left leg. On examination of the cervical spine, spasms in the cervical paraspinal muscles with limited range of motion in the neck with stiffness. Tenderness in the lower lumbar spinous processes and spasms in the paraspinal muscles, range of motion was limited with pain was noted and a positive straight leg raise was noted on the left. The diagnoses have included status post cervical spine surgery with chronic pain, post laminectomy syndrome, cervical headaches, lumbar strain/sprain and myofascial pain, status post lumbar spine surgery with chronic pain and post laminectomy syndrome, left lumbosacral radiculitis, chronic pain syndrome and compression fracture of T11. Treatment to date has included TENS unit, medication, cervical fusion 2005 and lumbar discectomy 2012, and laboratory studies. The provider requested Meds 4 IF unit with garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Meds 4 IF unit with garment:** 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, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118-20.

**Decision rationale:** The injured worker sustained a work related injury on 08/01/1999. The medical records provided indicate the diagnosis of status post cervical spine surgery with chronic pain, post laminectomy syndrome, cervical headaches, lumbar strain/sprain and myofascial pain, status post lumbar spine surgery with chronic pain and post laminectomy syndrome, left lumbosacral radiculitis, chronic pain syndrome and compression fracture of T11. Treatment to date has included TENS unit, medication, cervical fusion 2005 and lumbar discectomy 2012, and laboratory studies. The medical records provided for review do not indicate a medical necessity for 1 Meds 4 IF unit with garment. The MTUS does not recommend the use of interferential Unit except when combined with return to work, exercise and medications. When the criteria listed below are met, the Guidelines recommends a month trial combined with other modalities listed above. Criteria for use of interferential Unit: 1. Pain is ineffectively controlled due to diminished effectiveness of medications; or 2. Pain is ineffectively controlled with medications due to side effects; or 3. History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 4. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The medical records indicate the injured worker was recommended for physical therapy but the injured worker discontinued after only one attempt. There is no documentation the injured worker has been engaged in exercise.