

Case Number:	CM13-0005433		
Date Assigned:	08/14/2013	Date of Injury:	06/14/2012
Decision Date:	01/13/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There are no medical records provided with this review. This review is based off of information from the claims administrator UR letter. There is poor quality in the letter as it appears the scanning was poor. The patient is a 27 year old male, with a DOI of 6/14/12, with disc protrusion at L4-5 and is certified for L4-5 decompression with assist surgeon. The patient has asymmetrical reflexes in the lower extremities, decreased sensation at L5 dermatomes. The patient is reported to have failed chiropractic care, physical therapy, medications epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold therapy unit: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: CA MTUS refers to ACOEM with regards to the low back complaints. This patient has significant low back issues and has significant conservative care including physical therapy and injections. ACOEM recommends cold application at home and after that, applications of heat and cold. As this unit is for home use and may be used post surgery as well

and is recommended treatment for analgesia of low back pain, this request for hot/cold therapy unit is medically necessary.

Muscle stimulator: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

Decision rationale: CA MTUS chronic pain guidelines are specific regarding muscle stimulators (TENS). "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, " TENS is recommended for post-operative pain on page 116 of chronic pain guidelines. There is no documentation of proposed necessity of the unit as describe in the guides. Rental of the unit is proposed as it should be used for 30 days. As the guidelines state " Recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. "Therefore, the request for muscle stimulator is medically necessary according to MTUS.