

Case Number:	CM13-0021808		
Date Assigned:	11/13/2013	Date of Injury:	05/22/2012
Decision Date:	02/10/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report of August 16, 2013, the claims administrator denied a request for an interferential unit, hot and cold unit, and a lumbar support. Numerous non MTUS Guidelines were cited, although the MTUS does address all the topics in question. The applicant's attorney subsequently appealed. In an August 7, 2013 note, it is noted the applicant is former hotel server who has not worked since July 2012, at which point he was terminated by his former employer. He presents with neck, midback, low back, wrist, hand, and ankle pain. Topical compounds, Medrox, an interferential unit, tramadol, a lumbar support, MRIs, and functional capacity testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Electric Muscle Stimulatoris: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential stimulation can be employed on a one-month trial basis in those applicants in whom pain is ineffectively controlled owing to diminished effectiveness of medications, individuals in whom pain is ineffectively controlled owing to significant medication side effects, and/or a history of substance abuse, which would prevent provision of analgesic medications. In this case, however, there is no evidence that any of the aforementioned criteria have been met. There is no description of any issues with medication side effects that would prevent provision of analgesic medications. In fact, the applicant was seemingly issued numerous analgesic medications on the office visit in question, including oral tramadol. Usage of interferential stimulator is not indicated in this context. Therefore, the request is not certified.

Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, simple, low-tech, at home applications of heat or cold are as effective as those performed by therapist or, by implication, those delivered via high-tech means. The unfavorable MTUS Guideline in ACOEM chapter 12 is echoed by the third edition ACOEM Guidelines, which also argue against usage of high-tech devices to deliver cryotherapy. For all of these reasons, then, the request is not certified.

Lumbar Sacral LSO- LS Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, lumbar supports are not recommended outside of the acute phase of symptoms relief. In this case, the lumbar support was requested on August 7, 2013, over a year removed from the date of injury of May 22, 2012. The applicant is well outside of the acute phase of symptom relief. Usage of lumbar support is not indicated this far removed from the date of injury. Therefore, the request is not certified.