

Case Number:	CM13-0028515		
Date Assigned:	11/27/2013	Date of Injury:	12/23/2011
Decision Date:	01/23/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation 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 patient is a 56-year-old gentleman who was injured in a work-related accident on 12/23/2011 injuring his upper back pulling packages off of a dolly resulting in an acute "pop." Records of 10/24/2013, the most recent clinical assessment, indicates ongoing complaints of numbness into the feet and right upper leg pain. The claimant's current complaints were that of low back pain with radiation to the left buttock. Physical examination findings showed restricted lumbar range of motion with no pain about the knee with palpation, no sensory or motor deficits noted about the lower extremities bilaterally, and a normal gait pattern with no apparent distress. Reviewed on that date was a 03/01/2012 MRI of the lumbar spine that showed disc protrusion/bulging at L4-5 and L5-S1 with multilevel posterior osteophytes from L2-3 through L3-4. The claimant was diagnosed with a herniated disc without myelopathy and 2 lumbar radiculitis. Recommendation at that time was for further treatment in the form of physical therapy, acupuncture, and continued use of anti-inflammatory agents, pain medication, muscle relaxants, compounded creams, and corticosteroid. The current request at present is for modalities to include an interferential unit for purchase with associated electrodes for purchase, an orthosis spinal brace for purchase, a motorized cold therapy unit for purchase, a "Be-Better" lumbar home exercise kit, and a digital moist heating pad for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: Based on California MTUS, Chronic Pain Medical Treatment Guidelines interferential stimulation would not be supported. Guidelines do not recommend the role of interferential stimulation as an isolated intervention for treatment in the chronic pain setting. It indicates the use of the device would only be indicated for claimant's who are unresponsive to conservative measures and at that time only a 1 month trial of the device would be indicated to demonstrate functional benefit and efficacy. The records in this case would not support the role of a purchase of an interferential device without an appropriate 1 month trial to demonstrate benefit in efficacy. Furthermore, lack of documentation to support multi-modal approach to the claimant's treatment other than current medication usage would not indicate the role of an interferential device as isolated treatment.

Electrodes (18 pairs/units)-purchase: 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.

Lumbar sacral othosis spinal brace-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ODG (Low Back chapter).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar supports.

Decision rationale: Based on California MTUS Guidelines, lumbar bracing would not be indicated. Guidelines indicate lumbar bracing is not beneficial beyond the acute phase of symptomatic pain relief. In regard to Official Disability Guidelines, it indicates bracing is only indicated for treatment of spondylolisthesis, documented instability, postoperative care, and fracture. The claimant would fail to meet any of the above working diagnoses which would indicate the role of a brace at this subacute stage in chronic course of care. Braces are not recommended for prevention or for chronic treatment given the claimant's working diagnosis. The specific request in this case is not supported.

Motorized cold therapy unit-purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, continuous flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Cryotherapy Unit.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of cryotherapy devices are typically only recommended following surgical settings primarily to the joints and extremities. Guideline criteria does not specifically request the role of cryotherapy devices in the non-surgical setting. In this request, the cryotherapy device in question is being recommended for the claimant's ongoing lumbar complaints without any documentation of a prior surgical process. The absence of documentation of a recent surgical history would fail to necessitate the role of use of the device. Under no circumstances would purchase or long-term use of a cryotherapy device beyond 7 days be recommended for any diagnosis for which it is supported.

Be-Better lumbar home exercise kit-purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter: Exercise Equipment, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Home Exercise Kit.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a home exercise kit is only recommended in the situation involving shoulder and shoulder-related diagnoses. While it indicates that a kit can be a beneficial adjunct to a program of home-based, self-directed therapy, the role of the use of a home exercise kit for the claimant's lumbar spine for which guideline criteria do not support its use would not be indicated. Furthermore, records in this case fail to demonstrate the claimant's inability to be well-versed in core strengthening and lumbar exercises that would negate the need for any form of "exercise kit" for use for any period of time.

Thermosphere digital moist heat heating pad-purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin (CPB) Heating Devices Number 0540.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Heat Therapy.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a heat therapy device would not be supported. While Official Disability Guidelines do recommend the role of heat therapy as an option, the majority of randomized clinical trials have to do with the acute onset of low back complaints and the appropriate use of this modality. Current recommendations do not support the role of heat therapy in the chronic setting. Guidelines would not support the role of this specific heat therapy device with thermosphere digital controlling at present.