

Case Number:	CM13-0030957		
Date Assigned:	12/04/2013	Date of Injury:	01/03/1999
Decision Date:	04/01/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 45-year-old male who reported an injury on 01/03/1999. The mechanism of injury involved repetitive running and jumping. The patient is currently diagnosed with lumbar spine disc rupture with radiculopathy and prior lumbar spine surgery. The patient was seen by [REDACTED] on 08/22/2013. The patient reported ongoing lower back pain. Physical examination revealed slightly diminished range of motion of the lumbar spine, 5/5 motor strength in bilateral lower extremities, and intact sensation. The treatment recommendations included a hot and cold contrast unit and an A-Slim unit with supplies

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month rental of hot/cold contrast unit with supplies:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At-home local

applications of heat or cold are as effective as those performed by therapists. As per the documentation submitted for review, there was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is also no evidence of a contraindication to at-home local applications of heat or cold as opposed to a motorized unit. Based on the clinical information received, the request is non-certified.

A-slim unit with supplies x 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bluecross Blueshield, 2005, <http://aspenmedicalresources.com>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state microcurrent electrical stimulation is not recommended. Based on the available evidence, conclusions cannot be made concerning the effect on pain management and objective health outcomes. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There is also no indication of a failure to respond to more traditional conservative treatment. As guidelines do not recommend the use of microcurrent electrical stimulation, the current request cannot be determined as medically appropriate. As such, the request is non-certified.