

Case Number:	CM13-0032836		
Date Assigned:	12/06/2013	Date of Injury:	01/23/2013
Decision Date:	03/17/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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:

According to the records made available for review, this is a 34-year-old male with a 1/23/13 date of injury. At the time of request for authorization for Hot/cold wrap, low back brace, and TENS unit trial, there is documentation of subjective (thoracic back pain) and objective (focal tenderness over the spinous process from T7 through T9, mild tenderness along the paraspinal muscles medially, and painful range of motion) findings. The current diagnoses include: thoracic facet inflammation, discogenic lumbar condition, cervical sprain/strain, ganglion cyst on the left wrist, stress, and depression. The treatment to date include: physical therapy and medications. There is documentation of a request for hot/cold wrap for inflammation, low back brace for support with activity, and a TENS unit for pain block. Regarding the Hot/cold wrap, there is no documentation of acute or sub-acute low-back pain. Regarding the DME low back brace, there is no documentation of a condition/diagnosis for which a back brace is supported (compression fracture, spondylolisthesis, instability, or post-operative treatment). Regarding the DME TENS unit trial, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary (last updated 05/10/2013).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Heat Therapy.

Decision rationale: The MTUS/ACOEM Guidelines indicate that at-home applications of heat or cold packs may be used before or after exercises. The Official Disability Guidelines indicate that documentation of acute or sub-acute low-back pain, as criteria necessary to support the medical necessity of Hot/cold wrap. Within the medical information available for review, there is documentation of diagnoses of thoracic facet inflammation, discogenic lumbar condition, cervical sprain/strain, ganglion cyst on the left wrist, stress, and depression. However, given documentation of a 1/23/13 date of injury, there is no documentation of acute or sub-acute low-back pain. Therefore, based on guidelines and a review of the evidence, the request for Hot/cold wrap is not medically necessary.

Low back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary (last updated 05/10/2013).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports.

Decision rationale: The MTUS/ACOEM Guidelines indicate that documentation of an acute phase of symptoms is the criteria necessary to support the medical necessity of low back brace. The Official Disability Guidelines indicate that documentation of a condition/diagnosis for which a back brace is supported, such as, compression fracture, spondylolisthesis, instability, or post-operative treatment, is the criteria necessary to support the medical necessity of a low back brace. Within the medical information available for review, there is documentation of diagnoses of thoracic facet inflammation, discogenic lumbar condition, cervical sprain/strain, ganglion cyst on the left wrist, stress, and depression. However, there is no documentation of a condition/diagnosis for which a back brace is supported, such as compression fracture, spondylolisthesis, instability, or post-operative treatment. Therefore, based on guidelines and a review of the evidence, the request for a low back brace is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: The Chronic Pain Guidelines indicate that documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of thoracic facet inflammation, discogenic lumbar condition, cervical sprain/strain, ganglion cyst on the left wrist, stress, and depression. In addition, there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for a TENS unit trial is not medically necessary.