MAXIMUS Federal Services

Case Number:	CM13-0034282		
Date Assigned:	12/06/2013	Date of Injury:	12/08/1999
Decision Date:	02/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/14/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 12/08/1999, due to pulling a pallet jack which caused injury to his low back. The patient failed to respond to conservative treatment and ultimately underwent lumbar laminectomy. Postsurgical conservative treatment to-date included activity modifications, medications, physical therapy, and epidural steroid injections. The patient underwent an MRI that revealed postsurgical changes at the L4-5 and a disc bulge at the L5-S1 with nerve root impingement. The patient's most recent clinical examination findings include a positive straight leg raising test, limited lumbar range of motion described as 40 degrees in flexion and 10 degrees in extension. The patient's diagnoses include status post back surgery with residual symptoms, and radiculopathy. The patient's treatment plan included returning to regular duties, continuation of medications, continuation of usage of the interferential unit, replacement of the interferential unit, and re-evaluation as needed. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

A hot/cold therapy unit motorized purchase, with pad and pump for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested hot/cold therapy unit with pad and pump for the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends the application of hot and cold packs to manage chronic lumbar pain. The Official Disability Guidelines do not recommend a cryotherapy unit in the absence of surgical intervention. The clinical documentation submitted for review does not provide any evidence that the patient has had any recent surgery that would benefit from this type of treatment. Additionally, the request is for purchase. The Official Disability Guidelines do not recommend the purchase of durable medical equipment. As such, the requested hot/cold therapy unit motorized purchase with pad and pump for lumbar spine is not medically necessary or appropriate.

A TENs unit with 3 month supplies for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: The requested TENS unit with 3 months supplies for the lumbar spine is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the purchase of a TENS unit be based on a 30 day clinical trial. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a 30 day trial of a TENS unit to support the purchase of this type of unit. Additionally, the clinical documentation indicates that the patient already has an interferential stimulation unit. The need for both types of units is not clearly identified within the documentation. As such, the requested TENS unit with 3 months supplies for the lumbar spine is not medically necessary or appropriate.

A lumbar support purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: The requested lumbar support for purchase is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not support the use of lumbar supports in the management of low back pain. Additionally, the Official Disability Guidelines do not recommend the use of lumbar supports due to the lack of scientific evidence to support the efficacy of long term use. As such, the requested lumbar support purchase is not medically necessary or appropriate.