

Case Number:	CM13-0037917		
Date Assigned:	12/18/2013	Date of Injury:	05/22/2013
Decision Date:	12/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 expert 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 63-year-old male who has submitted a claim for cervical sprain / strain and shoulder sprain / strain associated with an industrial injury date of 5/22/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of localized, sharp neck pain aggravated by movement. He likewise experienced right shoulder pain of moderately severe intensity. Examination of the cervical spine showed tenderness, muscle spasm, and negative cervical compression / distraction test. The right shoulder was positive for spasm and limitation of motion. Treatment to date has included physical therapy and medications. The rationale for moist heating pad is that it reduces pain and promotes comfort. The utilization review from 10/14/2013 denied the request for TENS unit rental for sixty days with purchase of accompanying supplies because of no documentation was provided regarding objective measures of success, such as medication reduction or objective functional improvement from the TENS unit trial. The purchase of an electrical moist heating pad was also denied, because simple home heat or cold packs could suffice.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 month rental of interferential stimulator with purchase of: 8 electrode packs, 24 power packs, 32 adhesive remover towel mint, 1 shipping and handling, 1 it and ss leadwire, tech fit with instruction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: As stated on pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation (ICS) is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be done given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, the patient complained of localized, sharp neck pain aggravated by movement. He likewise experienced right shoulder pain of moderately severe intensity. Examination of the cervical spine showed tenderness, muscle spasm, and negative cervical compression / distraction test. The right shoulder was positive for spasm and limitation of motion. Symptoms persisted despite physical therapy and medications hence the request for interferential therapy. ICS is a reasonable treatment option at this time. However, the present request as submitted is for a two-month trial when the guideline clearly recommends a one-month trial use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for 2 month rental of interferential stimulator with purchase of: 8 electrode packs, 24 power packs, 32 adhesive remover towel mint, 1 shipping and handling, 1 it and ss leadwire, tech fit with instruction is not medically necessary.

Home Electrical Moist Heating Pack: Upheld

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

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 Packs Aetna Clinical Policy Bulletin, Heating Devices

Decision rationale: The CA MTUS does not address hot/cold wraps specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Heat Packs were used instead. The Official Disability Guidelines state that heat packs are recommended as an option for pain. Aetna Clinical Policy Bulletin cited that heating pads are medically necessary durable medical equipment (DME) to relieve certain types of pain, decrease joint and soft tissue stiffness, relax muscles, or reduce inflammation. Passive modalities are recommended but there is no quality evidence for the use of automated or motorized heating units. In this case, the patient complained of localized, sharp neck pain aggravated by movement. He likewise experienced right shoulder pain of moderately severe intensity. Examination of the cervical spine showed tenderness, muscle spasm, and negative cervical compression / distraction test. The right shoulder was positive for spasm and limitation of motion. Symptoms persisted despite physical therapy and medication hence the request for electric heating pad. The rationale for moist heating pad is that it reduces pain and promotes comfort. However, there is no discussion why simple cold / hot packs for home use cannot suffice. There is no discussion

concerning need for variance from the guidelines. Therefore, the request for home electrical moist heating pack is not medically necessary.