

Case Number:	CM13-0038471		
Date Assigned:	12/18/2013	Date of Injury:	03/29/2011
Decision Date:	02/12/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/25/2013

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 Management 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 employee is a 66-year-old male who reported a work-related injury on 03/29/2011, as a result of strain to the lumbar spine and bilateral upper extremities. The clinical note dated 09/16/2013 reports lumbar spine pain complaints. The provider documents the employee was seen in clinic status post lumbar epidural steroid injection. The provider has requested an electrical muscle stimulation (EMS) unit and associated supplies as well as a heat and cold pack wrap for the employee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical muscle stimulation (EMS) unit, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: Upon review of the submitted documentation, the requested electrical muscle stimulation (EMS) unit is not supported by the Chronic Pain Medical Treatment Guidelines. The clinical documentation submitted for review reports the employee presents with chronic pain status post a work-related injury to the lumbar spine and bilateral upper extremities

in 2011. According to the Guidelines, neuromuscular electrical stimulation is not recommended, as it is primarily used as part of a rehabilitation program following stroke. There is no evidence to support the use of an EMS unit in the chronic pain arena. There is a lack of published intervention trials suggesting benefit from neuromuscular electrical stimulation for chronic pain. Therefore, the requested EMS unit, lumbar spine, 30 minutes three times a day is not medically necessary and appropriate.

Supplies: electrodes, batteries, set up and delivery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-11+6.

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

Decision rationale: The request for supplies (electrodes, batteries, set up and delivery) is not supported. Since the primary device (EMS unit) is not medically necessary, none of the associated supplies are medically necessary. Therefore, the request for supplies (electrodes, batteries, set up and delivery) is not medically necessary and appropriate.

Hot and cold pack with wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

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.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not specifically address hot/cold packs with wrap. Official Disability Guidelines indicate this modality is an option for the treatment of acute pain at home with local applications of cold packs in the first few days of the acute pain complaint followed by application of heat packs or cold packs. The clinical notes document the employee is more than two years status post his work-related injury and is not in the acute phase of recovery. The submitted clinical notes failed to evidence a recent thorough physical exam of the employee documenting any objective functional deficits. Further, it is unclear if the employee independently utilized applications of heat or cold for his pain complaints previously and whether this modality was efficacious. Given the above, the requested hot and cold pack with wrap is not medically necessary and appropriate.