

Case Number:	CM13-0046779		
Date Assigned:	12/27/2013	Date of Injury:	12/20/2010
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 Oklahoma and Texas. 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 57-year-old male who reported an injury on 12/20/10. The mechanism of injury was a slip and fall. His diagnoses included lumbosacral strain/sprain with herniated disc, lumbosacral stenosis, lumbar radiculopathy, lumbar spine multilevel degenerative disc disease with moderate bilateral neural foraminal narrowing at the level of L5-S1, and postoperative status following lumbar spine surgery on 8/22/13. The patient saw [REDACTED] on 10/7/13, and he was noted to be a little over six weeks post-low back surgery, which consisted of a total disc replacement at L5-S1. The patient continued to complain of pain and stiffness in his low back, predominantly on the right side, with radiation into the right hip. His physical exam findings included tenderness to palpation over the right posterior superior iliac spine and right paraspinous muscles, as well as limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

four week extension of home use of a hot/cold unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the Official Disability Guidelines, continuous-flow cryotherapy is recommended as an option after surgery for up to seven days. This treatment is most often recommended following knee surgery; there is no recommendation for use of a continuous-flow cryotherapy unit following lumbar spine surgery. Additionally, as the patient is noted to be well over seven days postoperative, the request for continued use of the hot/cold unit exceeds the guidelines' recommendations. Therefore, the request is non-certified.

ComboCare4 stim unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the California MTUS Guidelines, interferential current stimulation is not recommended as an isolated intervention, as there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and when there is limited evidence of improvement on these recommended treatments alone. The clinical information provided for review failed to indicate whether the patient has been involved in physical therapy postoperatively. Additionally, there is no documentation noted of failure of a trial of a TENS unit. It is unknown why the patient requires combination therapy with TENS and interferential stimulation. In the absence of this documentation, the request is not supported. As such, the request is non-certified.