

<b>Case Number:</b>	CM13-0053708		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/04/2010
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Occupational Medicine 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 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:

Patient is a 40 year old male with date of injury 07/04/2010. The most recent relevant medical record, a primary treating physician's orthopedic progress report, date 10/16/2013, lists subjective complaints as ongoing lower back pain that is 7/10 with leg pain which is greater on the left. Objective findings: Reflex examination showed knee jerks to be 2+ bilaterally and symmetrical ankle joint jerks were 2+ and symmetrical. Babinski sign was negative. Sensory exam revealed decrease sensation in the left L5 dermatome. Motor exam was normal and lower extremities bilaterally. Diagnosis: 1. Left L5 nerve root impingement 2. Ruptured L4-L5 disc 3. Sleep disruption 4. Status post microdiscectomy L4-L5. The patient received an MRI of the lumbar spine on 03/10/2013 which the orthopedic surgeon interpreted as a herniated L4-5 disc with a spondylolisthesis at L4-5 as well. Degenerative disease of the lower three lumbar discs was found to be stable. On 10/11/2013, the patient underwent a redo L4-5 lumbar laminectomy with 360° fusion. The request for an electrical stimulation unit and cold/heat unit was DME intended to be used postoperatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRICAL STIMULATION UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulation Section Page(s): 114-117.

**Decision rationale:** The request for an electrical stimulation unit is vague and nonspecific, as there are a number of different types of electrical stimulation units available. Most of these units are usually not recommended by the MTUS, with the exception of a TENS unit when the patient's situation meets certain criteria. A TENS unit would not be recommended by the MTUS for postoperative pain. An electrical stimulation unit is not medically necessary.

**WATER CIRCULATING COLD AND HEATING UNIT HOME USE FOR 35 DAYS WITH COMPRESSION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**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, Cold Pack Section.

**Decision rationale:** The Official Disability Guidelines (ODG) states that there is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. The ODG cites no evidence that rotating heat and cold to the lumbar is effective in treating postoperative or chronic lumbar pain. The water circulating cold and heating unit home use for 35 days with compression is not medically necessary.