MAXIMUS Federal Services

Case Number:	CM13-0055446		
Date Assigned:	12/04/2013	Date of Injury:	03/13/2013
Decision Date:	07/23/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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:

The patient has submitted a claim for low back pain with an industrial injury date of March 13, 2013. The treatment to date has included medications, lumbar epidural steroid injection, and inter-lumbar laminotomies bilaterally at L4-5 with decompression of the L4 and L5 nerve roots with left-sided L5-S1 laminotomies with microdiscectomy and neurolysis of the S1 nerve root. A utilization review from November 8, 2013 denied the request for Pro Tech Multi Stim Unit for rental, electrodes, and batteries because neuromuscular electrical stimulation are not recommended by the guidelines. The medical records from 2013 were reviewed, which showed that the patient complained of low back pain, which was sharp and stabbing with radiation to the right lower extremity. On physical examination, the patient ambulated with a walker. Lumbar spine examination revealed well-healed incision site. Range of motion was decreased. Straight leg raise test was negative. There was decreased sensation to light touch over the S1 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRO TECH MULTI STIM UNIT FOR RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended and are used primarily as part of a rehabilitation program following stroke. The MTUS guidelines also state that there is no evidence to support its use in chronic pain. In this case, there was no discussion regarding the indication for use of an NMES device despite it not being recommended by the guidelines. There was also no documentation that the patient previously had a stroke requiring its use. Therefore, the request for pro tech multi stim unit for rental is not medically necessary.

ELECTRODES: 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 Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: Since the primary request (pro tech multi stim unit for rental) is not medically necessary, none of the associated services (electrodes) are medically necessary.

BATTERIES: 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 Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: Since the primary request (pro tech multi stim unit for rental) is not medically necessary, none of the associated services (batteries) are medically necessary.

Q-TECH COLD THERAPY WITH WRAP 35 DAY RENTAL: 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), Shoulder Chapter, Continuous-flow cryotherapy.

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Shoulder Chapter was used

instead. It states that continuous-flow cryotherapy is an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to seven days, including home use. In this case, the patient underwent lumbar surgery on 07/03/2013. However, the present request of 35 days rental is beyond the guideline recommendations of postoperative use of up to seven days. Therefore, the request for Q-tech cold therapy with wrap 35 days rental is not medically necessary.