

Case Number:	CM13-0057051		
Date Assigned:	12/30/2013	Date of Injury:	02/01/2010
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in 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 36 year old male who reported injury on 02/01/2010. The mechanism of injury was noted to be lifting. The recent documentation dated 10/18/2013 revealed the patient had low back radiating into both lower extremities. The patient was noted to be performing physical therapy and modality therapy but still having pain. The patient was noted to be taking ibuprofen, muscle relaxants, and omeprazole. The femoral stretch test that was performed bilaterally produced back pain at 40 degrees. The patient's diagnoses were noted to include lumbar spine disc syndrome without myelopathy, lumbar radiculitis without radiculopathy of both lower extremities. The treatment plan was noted to include and EMG/NCV testing for lumbar radiculitis, continuation of physical therapy/modality therapy for 24 sessions, pain management for epidural injection to lumbar spine, urinalysis, topical compounds, and durable medical equipment including and interferential unit, contrast aqua therapy and ultrasound stimulation for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Contrast Aqua Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/Blue Shield Policy (Cooling Devices Used in the Home Setting, DME Policy No: 7) and Aetna clinical policy bulletin number 540

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298.

Decision rationale: The ACOEM Guidelines indicate at home application of cold in the first few days of an acute complaint and thereafter applications of heat or cold are appropriate. There was a lack of documentation indicating the patient could not apply hot and cold packs and had a necessity for a unit that combines both. The submitted request failed to indicate whether the unit was for purchase or rental. Given the above, the request for a DME contrast aqua therapy unit is not medically necessary and appropriate.