

Case Number:	CM13-0059875		
Date Assigned:	06/09/2014	Date of Injury:	08/01/2011
Decision Date:	07/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 24-year-old male who acquired an injury by bending over to pick up a 40 pound bin on 08/01/2011. In the clinical notes dated 10/14/2013, the injured worker complained of worsening and ongoing back pain. It was noted that the injured worker's symptoms were worse with activities and he reported problems sleeping. It was also noted that the injured worker had right leg pain along with right shoulder pain. The prior treatments included back surgery in 08/2012, physical therapy, prescribed medications. In the physical examination of the cervical spine and upper extremities, it is noted that there was tenderness and discomfort on palpation with tightness of the trapezius bilaterally, more so on the left. The range of motion of the cervical spine revealed flexion 50/50 degrees; extension 55/60 degrees; bilateral lifting 45/45 degrees; and bilateral rotation 60/80 degrees. In the physical examination of the shoulders, the injured worker complained of pain and there was spasming on the right. The range of motion of the right shoulder was annotated as flexion 160/180 degrees; extension 30/40 degrees; abduction 160/180 degrees; adduction 40/30 degrees; internal rotation 80/80 degrees; and external rotation 80/90 degrees. It was noted there was a positive impingement sign on the right. The physical examination of the lower back and lower extremities revealed a positive Lasegue's test, straight leg raise on the right at 45 degrees, and straight leg raise test positive on the left at 65 degrees. The deep tendon reflexes included patella, ankle, and plantar reflexes were normal. The lumbar range of motion was annotated as flexion 40/60 degrees; extension 15/25 degrees; and side bending bilateral 15/25 degrees. An x-ray of the cervical spine was taken and it revealed lumbar spine narrowing at L4-5 and L5-S1. The diagnoses included status post lumbar laminectomy with ongoing symptoms; cervical strain; lumbar strain; and shoulder strain with tendonitis. The treatment plan included a recommendation for the injured worker to be fitted and provided with an interferential unit to benefit the injured worker and a recommendation for a heating pad. The

request for an interferential unit and heating pad for cervical status post lumbar surgery was submitted on 10/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Heating Pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Cold/heat packs.

Decision rationale: The request for a heating pad is not medically necessary. The ODG state that cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. The continuous low level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. In the clinical notes provided for review, there is lack of documentation of the injured worker's pain level status or the use of pain medications. It is also documented that this low back pain is chronic and not acute in presentation. The guidelines recommend heat/cold packs for acute pain. Therefore, the request for a heating pad is not medically necessary.

Purchase of Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The request for purchase of interferential unit is not medically necessary. The California MTUS Guidelines state that interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise, and medications, and limited evidence of improvement on the recommended treatments alone. While not recommended as an isolated intervention, injured worker selection criteria, if inferential stimulation is to be used anyway: possibly appropriate for the following conditions if it has documented improvement to be effective as directed or applied by the physician or provider licensed to provide physical medicine: pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled on medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g. repositioning, heat/ice, etc). If those criteria are met, then a 1 month trial may be

appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A jacket should not be certified until after the 1 month trial, and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another person. In the clinical notes provided for review, there is lack of documentation of the injured worker's pain level status or participation in conservative therapies such as a home exercise program or use of pain medications. There is also a lack of documentation of the injured worker's side effects or ineffectiveness of medications. Furthermore, the guidelines recommend a 1 month trial with documented functional improvement before further use. Therefore, the request for purchase of interferential unit is not medically necessary.