

Case Number:	CM13-0061483		
Date Assigned:	12/06/2013	Date of Injury:	01/25/2012
Decision Date:	01/08/2014	UR Denial Date:	11/20/2013
Priority:	Expedited	Application Received:	12/05/2013

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 Orthopedic Surgery and is licensed to practice in Minnesota, Nebraska 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 31-year-old female who reported an injury on 01/25/2012. The mechanism of injury was not documented. The patient underwent a cervical spine surgery on 03/05/2013, and states that her neck and arm are much better. However, the patient is stating that her low back pain remains severe and seems to be getting worse. The patient has had several diagnostic studies performed since 04/2012 to include an MRI of the lumbar spine which diagnosed her as having discogenic changes at L4-5 and L5-S1, plain view x-rays of the cervical spine were taken on 06/11/2012 which showed no abnormalities to the cervical area, the same date however lumbar x-rays noted disc space narrowing at L5-S1. An MRI of the cervical spine on 10/01/2012 noted the patient had disc herniation at C5-6. On 03/18/2013 and 05/29/2013, plain view x-rays of the cervical spine noted she had good position and alignment. On 08/09/2013, the patient had an MRI of the lumbosacral spine which noted degenerative disc disease with central disc herniation at the L4-5, and disc herniation with degenerative disc disease with mild listhesis at L5-S1. On the same documentation, the patient was noted to have already undergone a cervical spine surgery and was doing extremely well with resolution of her neurologic deficits as well as her pain improving. Although the patient has utilized several oral medications to include multiple opioids, the patient is still complaining of severe low back pain and wanted to have surgical repair of this area. According to the documentation dated 11/04/2013, the patient was taking Naprosyn, Norco, Ultram, Fexmid, Protonix, and Menthoderm. At this time, the physician is now requesting both a muscle stimulator and the purchase of a hot/cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent purchase of a muscle stimulator: 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), Low Back, Neuromuscular electrical stimulators (NMES)..

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

Decision rationale: The California MTUS Guidelines notes that neuromuscular electrical stimulation is not recommended as it is primary used as part of rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. The documentation does not state whether or not this patient is going to be utilizing another form of conservative treatment such as physical therapy, or occupational therapy, which can be monitored for efficacy using objective measurements. Given the requested muscle stimulation is not recommended for chronic pain by the California MTUS and the patient has not suffered a stroke for which the device is primarily used for, the request does not meet guideline criteria. As such, the requested service is non-certified.

Urgent purchase of a Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Heat therapy and Cold/heat Packs..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/heat packs..

Decision rationale: The California MTUS/ ACOEM Guidelines support at-home local applications of cold in first few days of an acute complaint; thereafter, application of heat or cold. According to the Official Disability Guidelines, the use of a hot or cold therapy unit or hot or cold packs, are an option for acute pain. However, according to the documentation, the patient has been suffering from chronic back pain for several months. In regards to the use of a hot or cold therapy unit, it would be more cost effective for the patient to utilize her own home products such as bags of ice or even a warm shower on an as-needed basis. Therefore, the request is not considered medically necessary.