

Case Number:	CM13-0068765		
Date Assigned:	01/03/2014	Date of Injury:	08/07/2012
Decision Date:	05/23/2014	UR Denial Date:	10/19/2013
Priority:	Standard	Application Received:	12/19/2013

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, has a subspecialty in Interventional Spine, 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 is a 54-year-old male with date of injury of 08/07/2012. The listed diagnoses per the provider dated 10/03/2013 are: lumbar spine disk bulges, and other problems unrelated to current evaluation. The handwritten therapy notes show that the patient is post-epidural steroid injection from 09/20/2013. He also reports headaches. The exam shows that the left mid anterior thigh, left lateral calf, and lateral ankle are all intact. No other significant findings were noted on the exam. The utilization review denied the request on 10/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMBO CARE 4 STIM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

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

Decision rationale: This patient presents with chronic back pain. The treating provider is requesting a ComboCare 4 stim unit. The ComboCare 4 stim unit is a combination electrotherapy with ultrasound therapy. The MTUS Guidelines, on Neuromuscular electrical stimulation

(NMES devices), states "not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." In this case, the MTUS does not recommend NMES for treatment of chronic pain. Therefore, the recommendation is for denial.

THERMOCOOL COMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Low Back Complaints (ACOEM Practice Guidelines) online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine chapter.

Decision rationale: This patient presents with chronic low back pain. The treating provider is requesting a Thermocool compression unit. A Thermocool compression unit is a combination of compression and hot/ cold therapy in one unit. The MTUS and ACOEM Guidelines are silent with regards to this request. However, the Official Disability Guidelines (ODG) recommends cryotherapy as an option for acute pain. At-home, local applications of cold pack in the first few days of acute complaints, thereafter applications of heat packs. The ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. In this case, the ODG does not support continuous cryotherapy for chronic pain. The recommendation is for denial.