

Case Number:	CM14-0102974		
Date Assigned:	09/16/2014	Date of Injury:	10/08/2013
Decision Date:	11/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/03/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; manipulative therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 17, 2014, the claims administrator denied a request for an interferential unit purchase with two months of associated supplies, denied a cold therapy unit with a hot and cold pack, and denied a moist heating pad. The applicant's attorney subsequently appealed. In a January 16, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant's pain was reportedly worsened. The applicant was asked to consult a spine surgeon. Norco and Mobic were renewed. On March 11, 2014, the applicant was given prescriptions for Norco, Terocin, Mobic, and Somnacin. Persistent complaints of low back pain radiating to the right leg were noted. The applicant was again placed off of work, on total temporary disability. The requests at issue are apparently sought via a progress note dated June 5, 2014. In a handwritten note dated June 5, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was asked to stop Norco and begin tramadol. An interferential unit, hot and cold unit, and additional physical therapy were apparently endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit with 2 months supplies (electrodes 8 packs, power packs-24, adhesive remover 32, shipping, lead wire1, tech fee): 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 , Interferential Current Stimulation topic. Page(s): 120.

Decision rationale: While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does support a one-month trial of the interferential current stimulator in applicants in whom pain is ineffectively controlled due to diminished medication efficacy, applicants in whom pain is ineffectively controlled due to medication side effects, and/or applicants who have history of substance abuse which would prevent provision of analgesic medications, in this case, however, there was no mention of the applicant's having any issues with analgesics medication intolerance, analgesic medication side effects, and/or a history of substance abuse on and around the date the interferential unit was sought. The applicant was seemingly employing a variety of first-line oral pharmaceuticals, including Mobic and Norco and was, furthermore, given a prescription for Ultram on and around the same time the interferential unit was sought. It is further noted that page 120 of the MTUS Chronic Pain Medical Treatment Guidelines supports a one-month trial of an interferential current stimulator. The request, however, as written, represents a two-month rental of the same which seemingly represents treatment in excess of the MTUS parameters. Therefore, the request is not medically necessary.

Cold therapy unit with a hot and cold pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-5 does support applications of heat or cold as methods of symptom control for low back pain complaints, by implication, ACOEM does not endorse high-tech devices for delivering cryotherapy and/or heat therapy as was seemingly being sought here. The Third Edition ACOEM Guidelines take a stronger position against high-tech devices for delivering hot therapy and/or cryotherapy, noting that such devices are specifically "not recommended" in the treatment of low back pain, as is present here. Therefore, the request is not medically necessary.

Moist Heat Thermophore pad: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: The Thermophore pad/moist heating pad, per the product description, does represent a simple, low-tech means of delivering heat therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, local applications of heat and cold are recommended as methods of symptom control for low back pain complaints, as are present here. Therefore, the request is medically necessary.