

Case Number:	CM14-0105948		
Date Assigned:	07/30/2014	Date of Injury:	03/31/2014
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehab and is licensed to practice in Nevada. 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 60-year-old female who was reportedly injured on 31 March 2014. The mechanism of injury was lifting and pushing trash. The most recent progress note dated April 22, 2014, indicated that there were ongoing complaints of mid and low back pain radiating to both lower extremities. The physical examination demonstrated tenderness over the lumbar and thoracic paravertebral muscles with decreased range of motion and guarding. There were a negative straight leg raise test and a normal lower extremity neurological examination. Diagnostic imaging of the lumbar spine showed a 31 dextroscoliosis curvature at L5-S1 in addition to diffuse bulges and disk desiccation. X-rays of the lumbar spine also showed thoracolumbar scoliosis and multilevel thoracic and lumbar spine osteophytes as well as mild wedging of the T12 and L1 vertebral bodies. Rest and home exercise were recommended. Previous treatment included rest, exercise, and oral medications. A request was made for a five month rental of a multi-stimulation unit plus supplies and a heat/cold unit purchase and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim Unit plus supplies times five month rental: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN, PAIN Page(s): 118.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, an inferential stimulation unit is only recommended for a patient who is unresponsive to conservative measures or whose pain is ineffectively controlled due to diminished effectiveness of medications, and then only after a one-month trial. For these reasons, this request for a Multi Stim unit plus supplies for a five month rental is not medically necessary.

Heat/cold unit, purchase: 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).

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 - Lumbar and Thoracic, Cold/Heat Packs, updated July 3, 2013.

Decision rationale: According to the Official Disability Guidelines, cold/heat packs are recommended as an option for acute pain in the first few days after injury. It is also stated that there is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to function. For this reason, a purchase of a heat/cold unit is not medically necessary.