MAXIMUS Federal Services

Case Number:	CM14-0108957		
Date Assigned:	08/01/2014	Date of Injury:	12/06/2013
Decision Date:	10/07/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 31-year-old male with a 12/6/13 date of injury, when he injured his neck and back while unloading heavy boxes. The patient was seen on 1/20/14 with complaints of 4/10 bilateral intermittent, aching, non-radiating low back pain. The pain was aggravated by excessive bending, twisting and turning and was alleviated by pain medications. The patient was taking Advil for his pain. Exam findings revealed mild tenderness and spasms to the bilateral lumbar paraspinals. The lumbar spine range of motion was within normal limits, muscle strength was 5/5 in the bilateral lower extremities and Patrick's sign and straight leg raising test were negative bilaterally. The diagnosis is lower back pain with left sciatica and lumbar strain/sprain. Treatment to date: work restrictions and medications. An adverse determination was received on 6/13/14. The request for Lumbosacral brace was denied given that there was a lack of documentation of any recent fusion surgeries. The request for Interferential unit was denied given that there was no evidence of any extenuating circumstances in the patient's case. The request for Hot&cold unit was denied given that there was a lack of documentation indicating the reason why prescribed at home cold therapy or warm therapy would not address the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral brace: 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 Chapter Lumbar Support

Decision rationale: CA MTUS does not address this issue. Per ODG Lumbar supports are not recommended for prevention in neck and back pain. They are recommended as an option for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). The patient was diagnosed with lumbar sprain/strain and was taking Advil for his pain. The physical examination dated 1/20/14 revealed normal muscle strength, negative Patrick's sign and negative straight leg raising test with mild lumbar paraspinal tenderness and spasms. There is a lack of documentation indicating that the patient suffered from spondylolisthesis, instability, non-specific low back pain or compression fracture. In addition, the guidelines do not recommend lumbar supports for prevention in back pain. Therefore, the request for lumbosacral brace was not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS(Transcuteneous electrical nerve stimulation). Intereferntial.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with 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. The patient was diagnosed with lumbar sprain/strain and was taking Advil for his pain. The physical examination dated 1/20/14 revealed normal muscle strength, negative Patrick's sign and negative straight leg raising test with mild lumbar paraspinal tenderness and spasms. There is a lack of documentation indicating that the patient's pain was controlled ineffectively or unresponsive to conservative measures. Therefore, the request for Interferential unit was not medically necessary.

Hot and Cold unit: 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 Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold

Decision rationale: CA MTUS and ODG do not specifically address hot/cold therapy unit-Vital Wear. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and have failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. The patient was diagnosed with lumbar sprain/strain and was taking Advil for his pain. There is a lack of documentation indicating that the patient underwent lumbar spine surgery. In addition, there is no rationale with regards to clearly specified goals for the treatment with Hot&cold unit. Therefore, the request for Hot and cold unit was not medically necessary.