MAXIMUS Federal Services

Case Number:	CM14-0120324		
Date Assigned:	08/06/2014	Date of Injury:	03/24/2011
Decision Date:	09/16/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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 Illinois. 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 male with a date of injury of March 24, 2011. He has lumbar radicular pain that is more severe than his cervical radicular pain. Lumbar radicular pain is 7/10, dull, achy, is constant, and radiates into his right lower extremity more than his left lower extremity with some numbness and tingling. His symptoms have improved with physical therapy, but there is still limitation in range of motion and decreased sensation. Ice pack, heating pad and transcutaneous electrical nerve stimulation unit are being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice Pack, QTY: 1: 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)-Treatment in Workers Comp 2012 on the Web (www.odgtreatment.com) and Work Loss Data Institute (www.worklossdata.com, (updated 02/14/12.

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, Cold/heat packs.

Decision rationale: This injured worker has a date of injury of March 24, 2011, which no longer is an injury in the acute stages of damage or healing. Cold packs are recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint are recommended. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use. There is minimal evidence supporting the use of cold therapy. Therefore, the use of ice packs for this injured worker is not medically necessary.

Heating Pad: 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)-Treatment in Workers Comp 2012 on the Web (www.odgtreatment.com) and Work Loss Data Institute (www.worklossdata.com, (updated 02/14/12).

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, Cold/heat packs.

Decision rationale: Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function. Heat therapy is also recommended as an option for acute and sub-acute low back pain. However, this injured worker's low back pain and radicular symptoms are not classified as acute. Therefore, the heating pad is not considered medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, pages 114-116Official Disability Guidelines (ODG), Low Back, Transcutaneous electrical nerve stimulation.

Decision rationale: The Medical Treatment Utilization Guidelines do not recommend a transcutaneous electrical nerve stimulation as an isolated intervention; however, a one-month home-based transcutaneous electrical nerve stimulation trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use.It is stated that this injured worker had improvement with application of transcutaneous electrical nerve stimulation; however, no documentation is provided as to the improvement in functionality

or decrease in medications. There are no details submitted as to the frequency and intensity of the treatment provided. Therefore, this request is not medically necessary.