

Case Number:	CM14-0127365		
Date Assigned:	08/15/2014	Date of Injury:	06/24/2014
Decision Date:	12/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Practice and is licensed to practice in Ohio. 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 46 year-old female with cumulative trauma between November 30, 2000 and June 24, 2014. She developed nervousness, anxiety, depression, pain in the neck, pain in the right shoulder, and pain in the right hand. The physical exam revealed tenderness to palpation with paraspinal musculature spasm in the cervical spine. There was diminished range of motion of the cervical, thoracic, and lumbar spine. There was tenderness of the paraspinal musculature of the thoracic and lumbar spine the diagnoses were sprain/strain of the cervical, thoracic, and lumbar spine and right shoulder impingement. Physical therapy, x-rays, a back brace, 3 separate consultations, acupuncture, and a functional capacity evaluation were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARS-hot/cold compression (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173 and 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Cold/heat packs

Decision rationale: For low back pain, heat/cold packs are recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. 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, but studies confirm that it may be a low risk low cost option. 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 normal function. For acute shoulder pain, patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. For acute neck pain, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. In this instance, the injured worker's neck pain, back pain, and shoulder pain is presumed to be chronic based on the cumulative trauma dates of injury spanning 14 years. Heat/cold modalities are not specifically recommended for chronic neck, chronic shoulder, or chronic back pain and the recommendation of those modalities appears to be limited for acute injuries of the shoulder and back. The treating physician does not explain why a more traditional heating pad is not sufficient for the injured worker's back pain. Therefore, ARS-hot/cold compression (purchase) is not medically necessary.

ARS Pad/wrap (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Low back procedure summary, last updated 7/3/14

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: For low back pain, heat/cold packs are recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. 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, but studies confirm that it may be a low risk low cost option. 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 normal function. For acute shoulder pain, patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. For acute neck pain, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. In this instance, the injured worker's neck pain, back pain, and shoulder pain is presumed to be chronic based on the cumulative trauma dates of injury spanning 14 years. Heat/cold modalities are not specifically recommended for chronic neck, chronic shoulder, or chronic back pain and the recommendation

of those modalities appears to be limited for acute injuries of the shoulder and back. The treating physician does not explain why a more traditional heating pad is not sufficient for the injured worker's back pain. Therefore, because ARS-hot/cold compression (purchase) is not medically necessary, the ARS Pad/wrap (purchase) is not medically necessary.

LSO Back Support (purchase): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Low back procedure summary, last updated 7/3/14

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 supports

Decision rationale: Lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). In this instance, the documentation is rather vague but it would appear that the injured worker has had low back pain over the last 14 years and therefore the use of a lumbar support would be for treatment and not prevention of back pain. Hence, an LSO brace for purchase is medically necessary.

Interferential Stimulator (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Low back procedure summary, last updated 7/3/14

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, Interferential Stimulator

Decision rationale: For the low back, an interferential stimulator is not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). Therefore, as the diagnoses listed for justification were cervical sprain, shoulder sprain, and lumbar sprain, they must be regarded together. Thus, an interferential stimulator for purchase is not medically necessary.

Electrodes x10 (purchase), Batteries x10 (purchase), Set up and delivery fee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Low back procedure summary, last updated 7/3/14

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, Interferential Stimulator

Decision rationale: For the low back, an interferential stimulator is not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). Therefore, as the diagnoses listed for justification were cervical sprain, shoulder sprain, and lumbar sprain, they must be regarded together. Thus, an interferential stimulator for purchase was not medically necessary for the diagnoses listed. And because of that, electrodes x 10 (purchase), batteries x 10 (purchase), and set up and delivery fee is not medically necessary.