

Case Number:	CM14-0165982		
Date Assigned:	10/13/2014	Date of Injury:	04/29/2012
Decision Date:	11/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old female with date of injury of 04/29/2012. The listed diagnoses per [REDACTED] from 08/09/2014 are possible lumbar discogenic pain; possible bilateral lumbar facet pain, L4-L5 and L5-S1, right more than the left, possible lumbar sprain/strain; constant right lumbosacral radicular pain at L5-S1; stress syndrome (anxiety, depression, insomnia); and industrial weight gain of approximately 50 pounds (pre-injury weight: 160 pounds; post injury weight: 210 pounds). According to this report, the patient complains of constant low back pain radiating into the right lower extremity with tingling, numbness involving both legs. She also complains of bilateral knee pain related to osteoarthritis and left foot stress fracture. The examination shows the patient's gait is right-side limping and right side favoring, guarded gait. There is no deviation of the cervical, thoracic, or lumbar spine. The lower back shows midline tenderness extending from L2 to S1. Bilateral lumbar facet tenderness is noted at L4-L5, L5-S1, right more than the left. Bilateral sacroiliac joint tenderness and bilateral mild sciatic notch tenderness was noted, right more than the left. The patient is unable to walk on his toes and heels. The bilateral knees show tenderness over the medial, lateral, superior aspect of the right and left knee. Both knee movements are normal range, but moderately painful. Sensory examination shows hypoalgesia noted in the distribution of the right L5-S1 nerve root. Motor examination showed weakness of the right lower extremity. The utilization review denied the request on 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Heating Pad: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 156 and 157 on heat wrap; Official Disability Guidelines (ODG) Low Back Chapter on Heat Therapy

Decision rationale: This patient presents with low back, bilateral knee and left foot pain. The provider is requesting a home heating pad. The ACOEM Guidelines page 156 and 157 on heat wrap states that heat therapy including a heat wrap is recommended for treatment of acute, sub-acute and chronic low back pain. Official Disability Guidelines further states that heat therapy is recommended as an option. The number of studies shows continuous low-level heat wrap therapy to be effective for treating low back pain. In addition, combining continuous low-level heat therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes. The utilization review denied the request stating, "Referenced guidelines state that 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. However, the patient's low back pain is already a chronic condition." The 08/08/2014 report notes that the provider is recommending a home heating pad for the patient's muscle spasms. The records do not show that the patient has received a heating pad in the past. In this case, ACOEM and Official Disability Guidelines support the use of heat wrap therapy in the treatment of low back pain. Therefore, this request is medically necessary.

TENS Unit Trial 1 Month: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with low back, bilateral knee and left foot pain. The provider is requesting a TENS unit trial for 1 month. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidenced-based functional restoration. The utilization review denied the request stating that the TENS unit will be adjunct to skilled therapy. The 08/08/2014 report notes that the patient has tried a TENS unit while undergoing therapy and found it beneficial. In this case, MTUS does support a 1-month home-based trial to determine its efficacy in terms of pain relief and functional improvement. Therefore, this request is medically necessary.

