

Case Number:	CM14-0173390		
Date Assigned:	10/24/2014	Date of Injury:	07/20/2012
Decision Date:	12/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and mid back pain reportedly associated with an industrial injury of July 20, 2012. In a Utilization Review Report dated September 23, 2014, the claims administrator denied a SolarCare FIR heating system along with an X-Force stimulator unit with three months of associated supplies and conductive garment. The applicant's attorney subsequently appealed. The sole progress note on file was a primary treating physician's progress note addendum, not clearly dated, in which authorization was sought for the devices at issue. No clinical progress notes were attached. The information on file comprised solely of the order form/addendum, with no clinical progress notes or narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar-care FIR heating system for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines- low back/lumbar & thoracic (acute&chronic) updated 8/22/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Allied Health Therapies section

Decision rationale: The principal pain generators here, per the application, are the neck and upper back. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, at-home applications of heat and cold are deemed "optional" in the management of neck and upper back complaints, as are present here. By implication, then, ACOEM does not support the more elaborate high-tech device intended to deliver heat therapy. Similarly, the Third Edition ACOEM Guidelines Chronic Pain Chapter also argues against application of heat via a healthcare provider or high-tech offices as this is something that an applicant can perform independently. In this case, the preprinted order form contained little to no applicant-specific commentary which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.

X force stimulator unit plus 3 months supplies and conductive garment x2 for purchase:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: The X-Force stimulator in question represents a form of a TENS unit/transcutaneous electrotherapy device. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and/or provision of associated supplies should be predicated on evidence of a favorable outcome during a one-month trial of the same. In this case, however, there is no evidence that the applicant had completed a previously successful one-month trial of the device in question before a request to purchase the same was initiated. Again, no clinical progress notes with narrative commentary were attached to the request for authorization. Therefore, the request is not medically necessary.