

Case Number:	CM14-0020467		
Date Assigned:	04/30/2014	Date of Injury:	06/11/2012
Decision Date:	07/08/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/19/2014

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 Rehabilitation & Pain Management 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:

This patient is a 33-year-old male with a date of injury of 06/11/2012. The listed diagnoses per [REDACTED] are: 1. Right shoulder overuse syndrome with impingement and posttraumatic arthrosis of the acromioclavicular joint .2. Cervical spine sprain/strain with C5-C6 and C6-C7 2-mm bulges. 3. Thoracic spine sprain/strain .4. Right wrist overuse. 5. Anxiety. 6. Insomnia. 7. Status post arthroscopic subacromial decompression on 04/12/2013. 8. Lumbar sprain/strain. According to the progress report from 01/07/2014 by [REDACTED], the patient presents with continued low back pain. The treating physician requests authorization for an X4 stimulator for purchase to receive beneficial results. Treatment goals include reduction of pain and improving range of motion, protects cervical scar, and improve activities of daily living. Supplemental report from 10/04/2013 indicates the patient underwent an MRI of the lower back which demonstrated 3- to 4-mm L5-S1 disk herniation bilaterally. Progress report 09/10/2013 by [REDACTED] indicates the patient has pain in the neck, shoulder, and back. The patient has decreased range of motion, and the treater recommends physical therapy and medications. Request is for X4 stimulator unit plus 3 months of supplies, conductive garment x2 and SolarCare Heating System. Utilization review denied the request on 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-FORCE STIMULATOR UNIT PLUS 3 MONTHS OF SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS).

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

Decision rationale: This patient presents with neck and low back pain. The treating physician is requesting purchase of an X4 stimulator unit plus 3 months supplies. X4 simulator is a TENS unit. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, the treater in his request for authorization requests a purchase of an X4 stimulator with 3 months supplies. When a TENS unit is indicated, a trial of 30 days is recommended before further use can be considered. Therefore, the request is not medically necessary.

CONDUCTIVE GARMENT X2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with neck and low back pain. The treating physician is requesting conductive garment x2 to use with the X4 stimulator unit. The MTUS Guidelines page 116 states "form-fitting TENS device is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical condition such as skin pathology that prevents the use of the traditional system or the TENS unit is to be used under a cast (as in treatment for disuse atrophy)." In this case, the patient does not have any medical conditions that would warrant a specialized conductive garment. In addition, the treater is recommending a purchase prior to the recommended 30 day trial. Since the patient does not meet the criteria to utilize the unit, the Garment is not medically necessary.

SOLAR-CARE HEATING SYSTEM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) infrared therapy.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting SolarCare Heating System. The ACOEM and MTUS guidelines do not discuss Infrared therapy.

Therefore, ODG guidelines were referenced. ODG regarding infrared therapy states, "Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise)." In this case, the patient's low back pain is now well into the chronic phase. ODG states a limited trial may be considered for treatment of "acute LBP." In addition, this heat modality is not recommended over other heat therapies. Therefore the request is not medically necessary.