

Case Number:	CM14-0023536		
Date Assigned:	06/11/2014	Date of Injury:	01/15/2011
Decision Date:	07/14/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/17/2014

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 Neurological Surgery, 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 records presented for review indicate this 42-year-old gentleman was reportedly injured on January 15, 2011. The mechanism of injury is noted as a repetitive lifting injury. The most recent progress note, dated November 26, 2013, indicates there are ongoing complaints of low back pain radiating to the lower extremities. The physical examination demonstrated spasm and tenderness in the lumbar spine paravertebral muscles and reduced lumbar spine range of motion. There was a negative straight leg test and a positive sciatic stretch sign. Pain was also noted with range of motion. There was a diagnosis of L4-L5 and L5-S1 disc herniation with bilateral radiculopathy, severe L5-S1 disc herniation and degenerative disc disease, status post hernia repair, and status post foreign body in the hand with infection. Treatment plan included an updated MRI of the lumbar spine, plans for a lumbar interbody fusion at L5-S1 and usage of a Pro-Stim unit. A request had been made for a motorized hot/cold Pro-Stim therapy unit and was denied on January 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTORIZED HOT/COLD THERAPY UNIT PRO-STIM UNIT WITH SUPPLIES:

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) Low Back - Lumbar & Thoracic (Acute & Chronic), Heat therapy, updated June 10, 2014.

Decision rationale: The Official Disability Guidelines recommends the usage of a heat therapy unit as an option for treatment. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. In a utilization review appeal, dated January 20, 2014, ██████████ opined that a motorized hot/cold therapy unit was requested in order to reduce postoperative edema as well as pain through increased blood circulation and reduce the risk of soft tissue or nerve damage and references the Official Disability Guidelines. There is no recommendation in the Official Disability Guidelines for the use of a hot/cold therapy, a heat therapy unit, or hot/cold packs for usage in the postoperative setting. Additionally, according to the medical records provided, the injured employee has not had lumbar spine surgery nor is pending any surgery at this time. For these multiple reasons, this request for a motorized hot/cold therapy Pro-stim unit is not medically necessary.