

<b>Case Number:</b>	CM14-0024603		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/10/2006
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 & Rehabilitation has a subspecialty in Pain Management 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 is a patient with a date of injury of 3/10/06. A utilization review determination dated 2/14/14 recommends non-certification of Aqua Relief system purchase and muscle stim unit rental. 1/15/14 medical report identifies cervical and lumbar spine pain. No objective findings are documented. Diagnoses are noted to be depression, bipolar, "lumbar disc," and lumbar radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AQUA RELIEF SYSTEM FOR PURCHASE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** Regarding the request for Aqua Relief System for Purchase, California MTUS and ODG recommend the use of low-tech devices such as cold and/or hot packs, but there is no support for the use of high-tech cold/heat units. ODG recommends the use of similar devices for some other body parts only in the postoperative phase for up to 7 days. Within the

documentation available for review, there is no documentation of a rationale for the use of a formal cold/hot therapy unit rather than the application of simple cold/hot packs at home despite the recommendations of the CA MTUS and ODG. In the absence of such documentation, the currently requested Aqua Relief System for Purchase is not medically necessary.

**MUSCLE STIM UNIT FOR A 5 MONTH RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation NMES devices Page(s): 121.

**Decision rationale:** Regarding the request for Muscle Stim Unit for 5 Month Rental, California MTUS notes that neuromuscular electrical stimulation is not recommended, as it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, there is no indication of a condition for which this device is supported. In light of the above issues, the currently requested Muscle Stim Unit for 5 Month Rental is not medically necessary.