

Case Number:	CM14-0028984		
Date Assigned:	06/16/2014	Date of Injury:	03/24/2003
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 low back pain and chronic pain syndrome reportedly associated with an industrial injury of March 24, 2003. The applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for a home TENS unit purchase, denied a request for a large heating pad, and denied a request for a cold pack. The claims administrator's rationale was somewhat difficult to follow. Despite the fact that cited guidelines supported usage of cold and heat packs, the claims administrator nevertheless denied the request. The claims administrator also seemingly gave precedence to an Official Disability Guidelines (ODG) on cold therapy over an California Medical Treatment Utilization Schedule (MTUS) Guideline. The applicant's attorney subsequently appealed. In a January 16, 2014 progress note, the applicant presented with chronic low back pain. The applicant was apparently using Neurontin and Prilosec. The applicant reportedly had electrodiagnostically confirmed right lumbar radiculopathy, it was stated. A large heating pad and cold pack were apparently endorsed for symptom relief purposes. The applicant was described as permanent and stationary. It was stated that the applicant was considering epidural injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD PACK PURCHASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, Table 12-5, page 299, at-home local applications of heat or cold are recommended as methods of symptom control for low back pain complaints, as are present here. In this case, contrary to what was suggested by the claims administrator, the cold pack seemingly represents a simple, low-tech, at-home local application of cold such as is endorsed by ACOEM. The applicant does have ongoing low back pain complaints. Introduction of a cold pack is part and parcel of the symptom control for the same. Therefore, the request is medically necessary.

HOME TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: As noted on page 116 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, a purchase of a TENS unit and/or use provision of associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of pain relief and function during the same. In this case, however, there is no evidence that the applicant had previously underwent a successful one-month trial of the TENS unit device in question before a request to purchase the same was made. Therefore, the request is not medically necessary.

LARGE HEATING PAD PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 12, Table 12-5, page 299, at-home local applications of heat and cold are recommended as methods of symptom control for low back pain complaints. In this case, the applicant does, in fact, have ongoing complaints of low back pain. Provision of a heating pad is,

per ACOEM, part and parcel of self-care and symptom control for the same. Therefore, the request is medically necessary.