

Case Number:	CM14-0046848		
Date Assigned:	07/09/2014	Date of Injury:	03/31/2005
Decision Date:	08/26/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 53 year old female with a date of injury on 3/31/2005. Diagnoses include chronic low back pain with radiculopathy, chronic neck pain, bilateral carpal tunnel syndrome, morbid obesity, and anxiety/depression. Subjective complaints are of low back pain, numbness and tingling in both hands that becomes severe at night. It was noted that the patient has utilized an interferential unit and paraffin bath unit at home, yet symptoms have remained unchanged. Physical exam shows the patient ambulates with a cane. Cervical spine shows tenderness over the paraspinal muscles bilaterally. The lumbosacral spine shows no changes per records. The hands show positive Phalen's and Durkan's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane (rental or 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 (ODG)- Treatment & Workman's Compensation (TWC).

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

Decision rationale: The ODG recommends the use of a cane, as assistive devices for ambulation can reduce pain associated with osteoarthritis (OA). For this patient, there are persistent pain complaints in the low back and weakness that is worse with ambulation. Documentation indicates that the patient is already utilizing a cane for ambulation, and there is no rationale why a new cane is needed at this point in the patient's care. Therefore, the medical necessity of a cane is not established at this time.

Interspec Interferential 4 (IF4) (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

Decision rationale: CA MTUS does not recommend interferential current stimulation as an isolated intervention. However, CA MTUS does suggest it is possibly appropriate to have a one month trial if the following criteria is met: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is ineffectively controlled with medications due to side effects, or there is significant pain from postoperative or acute conditions that limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. For this patient, there is no objective evidence submitted from a one-month trial. Furthermore, the records do not indicate that the patient was unresponsive to medication, and records did not identify other conservative measures that had been utilized. Therefore, the medical necessity of an interferential unit is not established at this time.

Paraffin Bath (rental or 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 (ODG)- Treatment & Workman's Compensation (TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, PARAFFIN WAX.

Decision rationale: The ODG recommends paraffin wax as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). For this patient, submitted documentation does not identify arthritis of the hands. Furthermore, records do not identify if paraffin is being used as an adjunct to a therapy program. Therefore, the medical necessity of paraffin wax is not established.