

Case Number:	CM14-0052174		
Date Assigned:	07/07/2014	Date of Injury:	06/13/2005
Decision Date:	09/18/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 65 year old female who was injured at work on 06/13/2005. She complains of pain in the back of her neck, upper and lower back. The pain is between 7-9/10 in severity; it spreads to her shoulders and upper arms. Occasionally, she feels weak in her upper arm. In addition, she has intermittent numbness and tingling sensation in her little and ring fingers. She has an unremarkable physical examination except for tenderness in the neck and upper back, together with mild limitation in the range of motion of her spine. She has been diagnosed of cervical spine disc bulge; thoracic sprain; Lumbar sprain; Left shoulder sprain; Sprain of left and right wrist and hand ; sprain of unspecified site of knee and leg; and unspecified site of ankle sprain. She had been treated with Hydrocodone /APAP 10/325, and Carisoprodol 350mg, but her doctor's request for Hot/cold pack and Orthostim 4 has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Neck & Upper Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) <Chronic pain >, page(s) < Online Edition, <http://apgi.acoem.org/Browser/Recommendations.aspx; 08/24/14>>.

Decision rationale: The injured worker sustained a work related injury on 06/13/2005 to the back of her neck, upper and lower back. The medical records provided indicate the diagnosis of cervical spine disc bulge; thoracic sprain; Lumbar sprain; Left shoulder sprain; Sprain of left and right wrist and hand; sprain of unspecified site of knee and leg; and unspecified site of ankle sprain. Treatments have included Hydrocodone /APAP 10/325, and Carisoprodol 350mg. The request is for Hot/cold pack. The MTUS recommends a combination of heat or cold therapy, and oral medication as an initial approach to the treatment of musculoskeletal problems. This is also the guideline recommendation of ACOEM for chronic pain, though it has an insufficient evidence recommendation. Such as, Hot/cold pack is not medically necessary.

Supplies for Orthostim 4: 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 < Transcutaneous electrotherapy Page(s): 115-118.

Decision rationale: The injured worker sustained a work related injury on 06/13/2005 to the back of her neck, upper and lower back. The medical records provided indicate the diagnosis of cervical spine disc bulge; thoracic sprain; Lumbar sprain; Left shoulder sprain; Sprain of left and right wrist and hand; sprain of unspecified site of knee and leg; and unspecified site of ankle sprain. Treatments have included Hydrocodone /APAP 10/325, and Carisoprodol 350mg. The medical records provided for review do not indicate a medical necessity for Orthostim 4. Orthostim 4 is an Interferential Current Stimulation, a form of Transcutaneous Electrotherapy device. The MTUS does not recommend Interferential current stimulation as an isolated intervention except when combined with return to work, exercise and medications. Although the injured worker is being treated with medications, the records reviewed do not provide information on exercise. Supplies for Orthostim 4 is not medically necessary.