

Case Number:	CM14-0059100		
Date Assigned:	07/09/2014	Date of Injury:	07/17/2012
Decision Date:	09/05/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 patient is a 27-year-old female who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of 07/17/2012. Medical records from 10/18/2012 to 04/04/2014 were reviewed and showed that patient complained of low back pain graded 7/10. Physical examination revealed tenderness over lumbar spine and bilateral SI joint. Lumbar spine ROM was 80% of normal limits. MRI dated 09/12/2012 revealed multilevel small disc bulge at L3-4 compression neurologically at the exiting L4-5 and L3-4 level. Treatment to date has included physical therapy, rest, and pain medications. Utilization review dated 04/03/2014 denied the request for IF unit, Heat Vital Wrap, and Lumbosacral Brace based on the clinical information submitted and the peer-reviewed guidelines referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. In this case, there was no documentation that the patient is actively participating in a functional restoration program such as HEP. The guidelines state that ICS is not recommended for use as sole treatment. Therefore, the request for IF unit is not medically necessary.

Heat Vital Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310. Decision based on Non-MTUS Citation ODG-low back, heat therapy.

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: Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Heat / Cold.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermolectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, physical examination findings did not reveal evidence of acute back pain exacerbation. Moreover, there was no discussion as to why standard heat packs would not suffice in treatment. Studies in the guidelines failed to show any benefit of heat wrap over conventional heat packs. Therefore, the request for Heat Vital Wrap is not medically necessary.

Lumbosacral brace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 308-310. Decision based on Non-MTUS Citation ODG-low back, lumbar supports.

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 Supports.

Decision rationale: CA MTUS does not specifically address chairback brace. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that

lumbar support such as lumbosacral brace is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, there was no discussion as to why a lumbosacral brace was needed. The guidelines do not recommend back brace for back pain prevention. Therefore, the request for lumbosacral brace is not medically necessary.