

Case Number:	CM14-0065155		
Date Assigned:	07/11/2014	Date of Injury:	12/21/2007
Decision Date:	09/16/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/08/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review indicate that this 39-year-old individual was reportedly injured on 12/21/2007. The mechanism of injury was not listed. The most recent progress note, dated 3/24/2014, indicated that there were ongoing complaints of low back pain that radiated in the right lower extremity. The physical examination demonstrated lumbar spine positive tenderness to palpation of the lumbar spine. Slightly decreased range of motion limited by pain and spasm and decreased sensation in the right leg. No recent diagnostic studies are available for review. Previous treatment included medications, physical therapy, and acupuncture. A request had been made for a multi-stim unit with supplies 5 month rental, purchase of heat and cold unit, and lumbar home exercise rehabilitation kit and was not certified in the pre-authorization process on 4/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim unit plus supplies x 5 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The MTUS recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress notes presented for review. As such, the request for purchase of a TENS unit is not medically necessary.

Heat/Cold Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: MTUS Guidelines do not address cryotherapy in the surgical setting. ODG Guidelines support cryotherapy as an option after surgery but not for nonsurgical treatment. Guidelines state that "postoperative use generally may be up to 7 days, including home use." Review, of the medical documentation, reveals the patient has chronic low back pain but is not a surgical candidate at this time. The current request is for the purchase of a heat and cold therapy unit. As such, the current request is not medically necessary.

Lumbar Home Exercise Rehabilitation Kit: Upheld

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

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 & Thoracic (Acute & Chronic). Exercise. Updated 8/22/2014.

Decision rationale: CA MTUS Guidelines do not address this issue. ODG Guidelines were used. Exercise is recommended if prescribed as a therapeutic tool. Some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by healthcare professionals such as gym memberships and home exercise equipment may not be covered under this guideline. The recommendation for home exercise kit is not medically necessary.