MAXIMUS Federal Services

Case Number:	CM14-0074024		
Date Assigned:	07/16/2014	Date of Injury:	01/01/1983
Decision Date:	08/25/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 55 year old female who was injured on 01/01/1983. Mechanism of injury is unknown. Prior treatment history has included the use of a TENS unit and the following medications: Lunesta, Tramadol (Ultram) and Benicar. Progress note dated 01/16/2014 documented the patient to have complaints of aching pain in her cervical spine, left hand and wrist as well as pain in her lumbar spine which is present all the time. The pain in the lumbar spine radiates down to the left lower extremity to the foot with associated numbness and tingling in her left lower extremity. The pain in the left shoulder increases with lifting, carrying, pushing, pulling and overhead use. She has numbness and tingling in her left hand. She rates her pain in the cervical spine a 7/10, left shoulder 7/10, left hand and wrist 7/10 and 8/10 in the lumbar spine. Objective findings on examination of the cervical spine reveals there is tenderness to palpation notices over the spinous process at C3-C6 with spasm worse on the left side. There is tenderness to palpation noted over the upper trapezius cervical spine with spasm. There is tenderness to palpation and spasm noted over the paravertebral muscles of the cervical spine on the left side. There is a decreased in range of motion in the cervical spine. Examination of the left shoulder revealed pain noted with flexion and abduction of the left shoulder. Examination of the lumbar spine revealed tenderness to palpation over the spinous processes vat L5-S1. There is slight tenderness to palpation and spasm noted over the paravertebral muscle of the lumbar spine. The sacroiliac joint and sciatic notch are non-tender bilaterally. There is pain and spasm noted with flexion of the lumbar spine. Straight leg raising is positive bilaterally. Diagnosis: 1) Impingement syndrome left shoulder. 2) Degenerative disc disease lumbar spine. 3) Degenerative disc disease cervical spine. Treatment Plan: Refill Lunesta and Ultram, Urine drug testing. Progress Note dated 04/14/2014 documented the patient with continued complaints of pain and discomfort in the cervical spine, bilateral wrists and lumbar spine. The patient has been

using ice and heat unit, which has not been beneficial. The patient reports her pain level in the cervical spine as 8/10. There were no objective findings on this visit. Diagnosis: 1) 4 mm Disc protrusion at C4-6. 2) Bilateral carpal tunnel syndrome. 3) 4 mm Disc protrusion at L5-S1.Treatment Plan: X-Force Stimulator Unit to decrease the pain level and spasm. The patient used a TENS unit in the past and it was beneficial, Solar-Care FIR Heating System for the cervical spine to decrease the pain level and spasm. Utilization report dated 05/09/20144 did not certify the request for 1 Solar-Care Heating System and 1 X-Force Stimulator Unit, plus 3 months supplies. The X-Force Stimulator was denied because there was no supporting documentation with evidence of functional improvement from prior use. The Solar-Care FIR Heating System was denied because the device is not recommended for this patient. The guidelines do not support the use if FIR therapy over conventional more cost effective heat therapy and when use, despite the lack of support, should be used in conjunction with a functional rehabilitation program that includes exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar-Care FIR Heating System ([redacted]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back-Lumbar & Thoracic (Acute & Chronic).

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, Infrared Therapy.

Decision rationale: The California MTUS guidelines do not address the issue in dispute. According to ODG guidelines, infrared therapy is not recommended over other heat therapies. In this case a request is made for a Solar Care FIR Heating System. However, guidelines do not recommend this modality over conventional heat applications. Medical necessity is not established.

K-Force Stimulator Unit, plus 3 month supplies, conductive garment x2 ([redacted]): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, TENS unit.

Decision rationale: According to MTUS guidelines, TENS may be recommended for CRPS II and Phantom limb pain, spasticity, multiple sclerosis, and neuropathic pain. According to ODG guideline, TENS is not recommended for Carpal Tunnel Syndrome. In this case a request is

made for a K-Force Stimulator Unit (TENS) and 3 months of supplies for treatment of the low back for a 55-year-old female injured on 1/1/83 with cervical and lumbar degenerative disc disease, carpal tunnel syndrome and left shoulder impingement. However, history and examination do not clearly establish lumbar neuropathic pain or other indicated medical condition. The patient has used TENS in the past without evidence of clinically significant functional improvement. Records do not document short and long-term goals for use of TENS. Medical necessity is not established.