MAXIMUS Federal Services

Case Number:	CM14-0087317		
Date Assigned:	07/23/2014	Date of Injury:	12/11/2012
Decision Date:	09/18/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/10/2014

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 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 45-year-old male with date of injury of 12/11/2012. The listed diagnoses per Dr. [redacted] dated 04/25/2014 are: 1. Lumbar musculoligamentous sprain/strain with MRI scan dated 01/07/2013 revealing mild L5-S1 degenerative disk disease/mild disk bulge/mild left neuroforaminal stenosis with left lower extremity radiculitis. 2. Left knee contusion/patellofemoral arthralgia. 3. Bilateral hip sprain. 4. Cervical/trapezial musculoligamentous sprain/strain. 5. Muscle contraction headaches. According to this report, the patient complains of low back pain. The pain increases with activities of daily living. He self treats with exercise, core strengthening, and stretching. In the past, TENS unit and heat have been helpful during therapy to manage symptoms. He is working at his usual and customary duty. Examination of the lumbar spine reveals tenderness to palpation over the paravertebral musculature and lumbosacral junctions. Straight leg raise test is positive eliciting low back pain. The Utilization Review denied the request on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient presents with low back pain. The treater is requesting a TENS unit. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The 04/25/2014 report notes, "in the past, TENS unit and heat have been helpful during therapy to manage symptoms." In this case, MTUS Guidelines recommends a 1 month home-based trial of TENS unit to determine its efficacy in terms of pain relief and function. Recommendation is for denial.

Thermophore Heating Pad: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) heat wraps chapter: 7 (low back chapter pages156,157) and on the Official Disability Guidelines (ODG) - regarding heat therapy.

Decision rationale: This patient presents with low back pain. The treater is requesting a Thermophore heating pad. The ACOEM Guidelines page 156 and 157 on heat wrap states that heat therapy including a heat wrap is recommended for treatment of acute, subacute, and chronic low back pain. ODG further states that heat therapy is recommended as an option. The number of studies shows continuous low level heat wrap therapy to be effective for treating low back pain. In addition, combining continuous low-level heat therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes. In this case, ACOEM and ODG Guidelines recommend heat wrap therapy in the treatment of low back pain. Recommendation is for authorization.