MAXIMUS Federal Services

Case Number:	CM14-0090985		
Date Assigned:	08/01/2014	Date of Injury:	05/18/2001
Decision Date:	09/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 & 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 injured worker is a 47-year-old male who was reportedly injured on May 18, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 2, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a well-developed, well-nourished individual with a normal affect and a normal gait pattern reported. A decrease in lumbar spine range of motion was reported, Deep tendon reflexes at the knee and ankle were equal and symmetrical. Strength was reported at 2+/5. Diagnostic imaging studies were not presented for review. Previous treatment included physical therapy, multiple medications, and durable medical equipment. A request was made for an aqua relief system, durable medical equipment installation, chiropractic care, a transcutraneous electrical nerve stimulation unit, an inferential unit, a multi stim unit, hot and cold wraps or thermal combo unit and vascutherm unit 4 deep vein thrombosis system and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Relief System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

Decision rationale: When considering the date of injury, the most recent physical examination offered and the lack of any competent, objective and independently confirmable medical evidence to suggest any efficacy, utility or benefit from an over-the-counter heat/cold circulating intervention, there is no clear clinical data presented to support this intervention. As such, when noting the data presented, this request is not medically necessary.

DME Installation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: In that the underlying request for a heat/cold device is not medically necessary, installation of this over-the-counter product is not medically necessary.

Chiropractic Manipulation x 8 sessions.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. However, when noting the date of injury, the injury sustained, and the previous interventions completed, there is no clear clinical indication or medical necessity established for repeating this intervention. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. As such, this request is not considered medically necessary.

TENS unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: The California Medical Treatment Utilization Schedule establishes that this can be used in certain clinical situations; however, a trial must be completed. The records,

presented for review, do not indicate that a trial documenting any efficacy has been completed. As such, based on the clinical information presented for review and by the parameters noted in the California Medical Treatment Utilization Schedule, this is not medically necessary

Inferential Unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

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

Decision rationale: There is some support for such interventions noted in the California Medical Treatment Utilization Schedule. However, when noting the date of injury, the injury sustained, and the amount of intervention already completed without objectification of any efficacy or utility, there is no clinical data presented to support the medical necessity of this request. Therefore, this request is not medically necessary.

Multi Stim Unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

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

Decision rationale: There is some support for such interventions noted in the California Medical Treatment Utilization Schedule. However, when noting the date of injury, the injury sustained, and the amount of intervention already completed without objectification of any efficacy or utility, there is no clinical data presented to support the medical necessity of this request. Therefore, this request is not medically necessary.

Hot/Cold Wrap or Thermal combo unit.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As noted in the American College of Occupational and Environmental Medicine guidelines, there is no support for application of heat by health care provider or special device. This can easily be performed by the injured employee independently. As such, there is no clinical indication for a device such as this. Therefore, this request is not medically necessary.

VascuTherm 4 DVT System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder chapter, updated July, 2014.

Decision rationale: The parameters noted in the Official Disability Guidelines (ODG) were applied. As outlined in the ODG, this device is indicated after surgery; however, there is no indication for nonsurgical treatment. Furthermore, this is limited to a seven-day application. As such, this request is not medically necessary.