

<b>Case Number:</b>	CM14-0098307		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 29-year-old female who was injured on June 21, 2012. The patient continued to experience severe lumbar pain with pain radiating to left lower extremity. Physical examination was notable for severe guarding to palpation over the lumbar area, decreased range of motion of the lumbar spine, hypoalgesia of L4, L5, and S1 of the right lower extremity, positive straight leg raises bilaterally, and mildly decreased strength of the quadriceps, extensor hallucis longus, common toe extensors, peroneal, and tibialis anterior of the right lower extremity. Diagnoses included lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis and sacroiliitis of the right sacroiliac joint. Treatment included medications, epidural steroid injections, sacroiliac joint injection, physical therapy, home exercise program, acupuncture, and shock wave therapy. Requests for authorization for IF unit, cold compression unit for 30 days rental, hard collar, and conductive back garment lumbar were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit; intermittent cold compression, 30 days rental; hard collar; conductive back garment lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines> Page(s): 114-115,118-119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Low Back - Lumbar and Thoracic: Cold/heat packs; Neck and Upper back: Collars.

**Decision rationale:** 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. There is no documentation provided in the medical records that the patient is participating in an exercise program or that she has any of the indications for an Interferential unit. According to the Official Disability Guidelines (ODG), Cold/heat packs are recommended as an option for acute pain. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy. While cold packs are useful for low back pain, there is no recommendation that a Cold unit is necessary to supply the cold applications to the affected area. Sufficient heat and cold can be applied with the use of cold packs. In this case, the medical necessity for cold compression unit has not been indicated. Cervical collars are not recommended for neck sprains. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. Conductive back lumbar garments are used with TENS units. TENS units are not recommended as a primary treatment modality, but a one-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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case, the patient was not participating in a functional restoration program. The TENS unit is not recommended. The conductive back garment is therefore not recommended. Based on the medical records provided for review and evidence based literature, the request for IF unit; intermittent cold compression, 30 days rental; hard collar; conductive back garment lumbar is not medically necessary and appropriate