

Case Number:	CM14-0105959		
Date Assigned:	07/30/2014	Date of Injury:	07/31/2013
Decision Date:	12/21/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 28-year-old male, who sustained an industrial injury on July 31, 2013. The injured worker was currently diagnosed as having lumbar sprain and strain with levoscoliosis, physiologic, lumbar degenerative disc disease at L5-S1, lumbar herniated nucleus pulposus at L5-S1 with neuroimpingement and spinal stenosis, left hip contusion, left hip old deformity from Legg-Calve-Perthes disease, short left lower leg in standing, anxiety, insomnia and left knee sprain and strain. Treatment to date has included diagnostic studies, medication and physical therapy. On June 17, 2014, the injured worker complained of sharp pain in his lower back and left hip rated a 7 on a 1-10 pain scale. The pain radiated proximally to the mid back and distally to the buttocks and posterior aspect of the left leg causing tingling and numbness. He also complained of sharp pain in the left knee rated a 7 on the pain scale. The pain radiated to the left lower calf region associated with numbness and tingling sensation in the left knee and leg and also a sensation of giving way and instability at the joint. His pain was noted to cause activity limitations and effects on his mood. Physical examination of his upper and lower back revealed slight stiffness and guarding of the lumbar spine area. To palpation, he had tenderness one plus out of one plus, trigger points one plus out of one plus and spasms one plus out of one plus. Sitting straight leg raise was positive at 80 degrees and lying straight leg raise was positive at 50 degrees. There was tenderness to palpation of the hip. Examination of the right knee revealed stiffness and straightening of the left knee area with ambulation and tenderness to palpation. Spring sign was positive on the left and McMurray's test on the left caused guarding.

The treatment plan included an MRI of the left hip and medications. A request was made for X-force stimulator unit with garments and Solar-care FIR heating system purchase. On July 3, 2014, utilization review modified a request for X-force stimulator unit plus three months supplies and conductive garment times two to one month trial of a transcutaneous electrical nerve stimulation unit. A request for Solar-care FIR heating system purchase was denied.

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, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The requested Solar-care FIR heating system, purchase, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Initial Care, Physical Modalities, Page 174, recommend hot and cold packs only for the first few days of initial complaints. The injured worker has pain radiating to the left lower calf region associated with numbness and tingling sensation in the left knee and leg and a sensation of giving way and instability at the joint. His pain was noted to cause activity limitations and effects on his mood. Physical examination of his upper and lower back revealed slight stiffness and guarding of the lumbar spine area. To palpation, he had tenderness one plus out of one plus, trigger points one plus out of one plus and spasms one plus out of one plus. Sitting straight leg raise was positive at 80 degrees and lying straight leg raise was positive at 50 degrees. There was tenderness to palpation of the hip. Examination of the right knee revealed stiffness and straightening of the left knee area with ambulation and tenderness to palpation. Spring sign was positive on the left and McMurray's test on the left caused guarding. The treating physician has not documented the medical necessity for this DME beyond the initial first few days of treatment. The criteria noted above not having been met, Solar-care FIR heating system, purchase is not medically necessary.

X-force stimulator unit, plus three (3) months supplies, conductive garment x two (2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.healthpartners.com/public/coverage-criteria/transcutaneous-electrical-joint-stimulation-devices/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested X-force stimulator unit, plus three (3) months supplies, conductive garment x two (2), is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120,

noted that this treatment 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... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has pain radiating to the left lower calf region associated with numbness and tingling sensation in the left knee and leg and a sensation of giving way and instability at the joint. His pain was noted to cause activity limitations and effects on his mood. Physical examination of his upper and lower back revealed slight stiffness and guarding of the lumbar spine area. To palpation, he had tenderness one plus out of one plus, trigger points one plus out of one plus and spasms one plus out of one plus. Sitting straight leg raise was positive at 80 degrees and lying straight leg raise was positive at 50 degrees. There was tenderness to palpation of the hip. Examination of the right knee revealed stiffness and straightening of the left knee area with ambulation and tenderness to palpation. Spring sign was positive on the left and McMurray's test on the left caused guarding. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, X-force stimulator unit, plus three (3) months supplies, conductive garment x two (2) is not medically necessary.