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| Case Number: | CM14-0110157 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 01/31/2014 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 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 injured worker is a 62-year old female with a date of injury as 01/31/14. The cause of the injury was related to or not included in the documentation received. The current diagnosis includes lumbar radiculitis. Previous treatment include multiple medications and a back support. Primary treating physician's report addendum dated 05/12/14, progress notes dated 03/18/14 and 03/25/14, first report of injury dated 03/05/14, and work status updates dated 03/13/14 and 03/25/14 were included in the documentation submitted for review. Report dated 05/12/14 did not note that the injured worker presenting complaints or provide a physical examination. The treatment plan included the requested issues at dispute for treatment of pain, improve activities of daily living, improve range of motion, protect the surgical repair, and to reduce or eliminate edema. Progress note dated 03/25/14 notes that the injured worker presented with complaint of lower back tightness, described as a dull ache. Physical examination notes localized tenderness, spasm. It was further documented that requests for physical therapy, occupational therapy, and orthopedic consultation were requested but there is no documentation submitted that these requests were authorized or rendered. The documentation received did not provide a detailed examination of the injured workers symptoms or provide an evaluation of any current treatments provided. An updated work status was not included in the documentation received. The utilization review performed on 06/09/14 non-certified a prescription for X-force stimulator with garment-purchase based on no previous trial of this modality with associated specific and sustained clinical or functional gains, and solar care heating system-purchase based on there is no indication why standard hot packs would not be sufficient to meet the injured workers needs. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Stimulator with garments - Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The patient presents with lumbar radiculitis. The current request is for X-force stimulator with garment-purchase. The treating physician reports dated 5/12/14 (27) states; "The X-Force Stimulator is a joint stimulation device that uses electronic impulses in the form of TENS ... to combat arthritic pain, and swelling." In reviewing the manufacturer's website <http://www.sevensesadm.com/force-stimulator/> it states, "The device is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation to combat pain found in the joint capsule. Transcutaneous electrical joint stimulation (TEJS) is the application of a signal-specific electrical current to the joint tissue to relieve the signs and symptoms of osteoarthritis of the knee. Two electrode patches are worn for six to ten hours a day, preferably while the patient is sleeping. TEJS has been indicated as adjunctive therapy for patients who have failed NSAIDS, those with moderate to severe disease despite best medical therapy, and those with severe disease who are not surgical candidates for reasons such as morbid obesity and inappropriate age. MTUS does not address the X-Force Stimulator specifically and there is no mention of TEJS in the MTUS guidelines. The MTUS Guidelines do support a trial of TENS and states, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial." In reviewing the medical records provided there is no documentation that the patient has had a trial of this TENS/TEJS unit prior to consideration of purchase and there is no documentation of any functional improvement or pain relief with TENS trial. The current request for an X-Force Stimulator with garments is not medically necessary and the recommendation is for denial.

Solar care heating system - purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker Compensation

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, Heat Therapy.

Decision rationale: The patient presents with lumbar radiculitis. The current request is for solar care heating system-purchase. The treating physician report dated 5/12/14 (30), states

"SolarCare FIR Heating System is requested for purchase to help combat pain... the SolarCare FIR Heating System will provide pain relief for the patient, thus the unit is being prescribed as an adjunct to conservative treatment as part of the functional restoration program." MTUS is silent regarding heat therapy. ODG states, "Heat Therapy, Recommend as an option. A number of studies show continuous low level heat wrap therapy to be effective for treating low back pain. Heat therapy has been found to be helpful for pain reduction and a return to normal function." In this case the treating physician has documented the patient suffers from low back pain and that the goal of this treatment is to help reduce her pain. Therefore, recommendation is for authorization.