MAXIMUS Federal Services

Case Number:	CM14-0183174		
Date Assigned:	11/07/2014	Date of Injury:	02/18/2014
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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:

This 45 year-old valet personnel sustained a low back injury on 2/18/14 from lifting pieces of luggage. Request(s) under consideration include Purchase FIR heating system, FIR heat pad, X-Force Stimulator unit-plus 3 months supplies, and Conductive Garment x2, with built in TENS feature x 30 day trial. Per Chiropractor provider's report of 4/24/14, diagnoses include acute lumbosacral sprain/strain with left sciatica. The patient reported ongoing low back pain radiating to the left lower leg. Exam showed diffuse lumbar range with spasm; DTRs symmetrical, and no sensory or motor deficit noted in bilateral lower extremities with positive Patrick-Faber's and negative sitting root test bilaterally. The patient remained TTD status. Latest report noted chronic ongoing radicular low back pain. Exam now showed positive SLR and decreased sensation in L5-S1 dermatome. The patient remained TTD status with medical treatment for solar care heating system purchase with X-force stimulator and conductive garment with TENS. The patient The request(s) for Purchase FIR heating system, FIR heat pad, X-Force Stimulator unit-plus 3 months supplies, and Conductive Garment x2, with built in TENS feature x 30 day trial were denied on 10/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase FIR heating system, FIR heat pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301,Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT), Cold lasers/ Non-thermal infrared therapy Page(s): 57.

Decision rationale: Per Guidelines, infrared therapy remains experimental and investigational as meta-analysis studies concluded that there are insufficient data to draw firm conclusions about the effects of infrared therapy and due to a lack of adequate evidence in the peer-reviewed published medical literature regarding the effectiveness of infrared therapy. Submitted reports have not adequately demonstrated medical indication or necessity beyond guidelines recommendations. The Purchase FIR heating system, FIR heat pad is not medically necessary and appropriate.

Stimulator unit-plus 3 months supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous Electrotherapy Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There are no documented short-term or long-term goals of treatment with the X-Force Solar care unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Unit without previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. Additionally, a form-fitting TENS device is only considered medically necessary with clear specific documentation for use of a large area that conventional system cannot accommodate or that the patient has specific medical conditions such as skin pathology that prevents use of of traditional system, that demonstrated in this situation. The 1 X-Force Stimulator unit-plus 3 months supplies is not medically necessary and appropriate.

Conductive Garment x2, with built in TENS feature x 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous Electrotherapy Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There are no documented short-term or long-term goals of treatment with the X-Force Solar care unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Unit without previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. Additionally, a form-fitting TENS device is only considered medically necessary with clear specific documentation for use of a large area that conventional system cannot accommodate or that the patient has specific medical conditions such as skin pathology that prevents use of of traditional system, that demonstrated in this situation. The Conductive Garment x2, with built in TENS feature x 30 day trial is not medically necessary and appropriate.