

Case Number:	CM14-0186658		
Date Assigned:	11/14/2014	Date of Injury:	05/21/1999
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55 year old man who sustained a work-related injury on May 21 1999. Subsequently, the patient developed a chronic lower back pain. According to a progress report dated on October 13 2014, the patient was complaining of lower back pain radiating to the right lower extremity. The patient physical examination demonstrated weakness and lumbar tenderness with reduced range of motion and positive straight leg raising. The patient lumbar MRI performed on October 9 2014 demonstrated degenerative disc disease. The patient was diagnosed with chronic back pain. The provider requested authorization for the following therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op DME Rental: Muscle Stimulator, No Duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, muscle electrical stimulation is not recommended as primary treatment modality, but a one month based trial may be considered, if

used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there are no controlled studies supporting the benefit of muscle stimulation for chronic pain. Therefore, the prescription of Post-Op DME Rental: Muscle Stimulator, No Duration is not medically necessary.

Post-Op DME: Hot/Cold Therapy, No Duration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Cold/Heat Packs

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

Decision rationale: According to ODG guidelines, cold therapy is recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. 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, but heat therapy has been found to be helpful for pain reduction and return to normal function. There are no controlled studies supporting the superiority of the requested DME for undetermined duration over home cold/hot therapy for the management of post op back pain. Therefore, the request for Post-Op DME: Hot/Cold Therapy, No Duration is not medically necessary.