

Case Number:	CM14-0192091		
Date Assigned:	11/25/2014	Date of Injury:	04/22/2005
Decision Date:	01/12/2015	UR Denial Date:	11/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 48-year-old female who sustained injuries after a fall in 2005. The worker developed neck and back pain after repetitive lifting. The intensity of back pain is approximately 7/10 and exacerbated by prolonged sitting, standing or bending. There is radiation of pain to the right lower extremity. There is pain radiating from the neck to the right shoulder at an intensity of 6/10. This pain is worsened when reaching above shoulder level or turning the head. Prior treatment included physical therapy, chiropractic, and acupuncture. TENS Unit was previously utilized. Examination showed tenderness at the cervical facets at her cervical muscles with spasms, lumbar spine tenderness at the spinous processes and facet joints with muscle spasm and a positive facet loading on the right. Diagnoses include disc bulging at multiple levels with disc disease, lumbar facet arthropathy at multiple levels, lumbar radiculopathy on the right, status post right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar care FIR heating unit purchase: 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) web Low Back, Heat therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Heating Devices Number: 0540
http://www.aetna.com/cpb/medical/data/500_599/0540.html

Decision rationale: Per guidelines, Infrared heating systems are considered experimental and investigational because they have not been proven to have a therapeutic effect on any conditions for which they were developed. Therefore, the request for Solar care FIR heating unit purchase is not medically necessary or appropriate.

DME Rental- X Force Stim unit, 1 month rental + supplies (TENS (Transcutaneous Electrical Nerve Stimulation) unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the MTUS, a TENS unit is 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, for the conditions described below. Recent studies have demonstrated that transcutaneous electrical nerve stimulation was effective for most types of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. According to the MTUS, the criteria for the use of TENS includes chronic intractable pain for at least three months duration with evidence that other appropriate pain modalities have been tried (including medication) and failed. 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, there is insufficient documentation of the results of the trial period of the TENS unit use in terms of outcomes (i.e. pain relief and function). Therefore, the request for the TENS unit is not considered medically necessary or appropriate.

Conductive garments (2) for stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: According to the MTUS, a conductive garment, or a form-fitting TENS device, is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). In this case, there is insufficient documentation of a medical condition requiring the use of the conductive garment for the TENS unit. Therefore, the request for Conductive garments (2) for stim unit are not considered medically necessary or appropriate.