

Case Number:	CM14-0197758		
Date Assigned:	12/08/2014	Date of Injury:	01/14/2013
Decision Date:	01/22/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work between the dates November 1, 2012 to January 14, 2013. In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve a request for a motorized cold therapy unit purchase and a TENS unit. The applicant's attorney subsequently appealed. In a progress note dated October 23, 2014, the applicant reported ongoing complaints of low back pain radiating to the right hip and right groin. The attending provider acknowledged that earlier lumbar epidural steroid injection had proven unsuccessful. A sacroiliac joint block was therefor sought, along with a TENS unit purchase and a motorized cold therapy unit purchase. The applicant's work status was not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold therapy 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5, page 299. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Cryotherapy section

Decision rationale: The applicant's primary pain generator is the low back. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does acknowledge that at-home local applications of heat and cold are recommended as methods of symptom control for low back pain complaints, as were/are present here, by implication, ACOEM does not support more elaborate devices for delivering cryotherapy such as the motorized cold therapy unit at issue here. The Third Edition ACOEM Guidelines take a stronger position against high-tech devices for delivering cryotherapy, explicitly stating that such devices are "not recommended." In this case, the attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.

TENS unit: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit purchase is endorsed only in applicants who demonstrate a favorable response during a preceding one-month trial of a TENS unit, in terms of both pain relief and function. In this case, however, the attending provider seemingly sought authorization for the TENS unit [purchase] without evidence of a previously successful one-month trial of the same. Therefore, the request is not medically necessary.