

Case Number:	CM14-0198559		
Date Assigned:	12/08/2014	Date of Injury:	03/09/2001
Decision Date:	01/21/2015	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 Family Practice, and is licensed to practice in Ohio. 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 73 year old female with a date of injury of 3-9-2001. She injured her low back while packing and moving boxes. Since her injury, she has had a fusion from L2 to S1 and 2 additional back surgeries to remove hardware. Additionally, she had a spinal cord stimulator place in 2011 with a subsequent revision. She is said to need another revision of the stimulator because of lead slippage. She has had ongoing, severe pain requiring high dose opioid medication. The physical exam reveals tenderness of the lumbar paraspinal muscles and sacroiliac joints bilaterally. There is diminished lumbar range of motion and positive straight leg raise signs bilaterally. She has had some physical therapy incorporating the use of a transcutaneous electrical nerve stimulator (TENS) unit but it is unclear if she has had a home trial or not. The physical therapy notes are poorly legible. The diagnoses include lumbar musculoligamentous injury, lumbar spasm, lumbar disc herniation, and bilateral sacroiliitis. She has had difficulty falling asleep and staying asleep because of pain. At issue is a request for an aqua relief system and a multi-stim plus unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua relief system for purchase: Overturned

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); Low Back, Cold/Heat Packs.

Decision rationale: The Official Disability Guidelines recommended cold/heat packs 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. In this instance, continuous heat therapy such as that afforded by the aqua relief system is supported by the guidelines. The guidelines do not distinguish between acute and chronic pain for heat therapy. Therefore, Aqua relief system for purchase is medically necessary as this will likely be a life-long need.

Multi stim unit plus 5 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116 & 118-121.

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, TENS

Decision rationale: A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic low back pain (LBP). There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. Patients treated with acupuncture-like TENS responded similarly to those treated with conventional TENS. On June 8, 2012, the Centers for Medicare & Medicaid Services (CMS) issued an updated decision memo concluding that TENS is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. The Multi stim Unit plus is essentially a TENS unit. The guidelines support a one month trial but no longer usage. It seems that a TENS unit has been used in physical therapy in this instance, but evidence of a one month home trial cannot be found within the medical record. Consequently, Multi stim unit plus 5 months rental is not medically necessary.