

Case Number:	CM14-0205207		
Date Assigned:	12/17/2014	Date of Injury:	10/12/2014
Decision Date:	05/22/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 47-year-old female with a 10/12/14 date of injury. At the time (10/24/14) of request for authorization for Multi-stim unit and supplies, Aqua relief system and supplies, Aspen Summit back brace, and Lumbar home exercise kit, there is documentation of subjective (moderate mid back pain, upper back pain, lower back pain, headaches, ankle swelling, and anxiety/depression) and objective (lumbar paraspinous tenderness, decreased lumbar range of motion, positive straight leg raise, and positive femoral stretch) findings, current diagnoses (lumbar sprain/strain, lumbar herniated disc syndrome without myelopathy, and lumbar radiculopathy with radiculitis to the right lower extremity), and treatment to date (medications). Regarding Aspen Summit back brace, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding Lumbar home exercise kit, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-stim unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) and Interferential Current Stimulation (ICS) Page(s): 113-120.

Decision rationale: MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no scientifically proven efficacy in treating low back symptoms. MTUS chronic pain medical treatment guidelines identifies that interferential current stimulation (ICS), microcurrent electrical stimulation (MENS devices), and neuromuscular electrical stimulation (NMES devices) are not recommended. Therefore, based on guidelines and a review of the evidence, the request for Multi-stim unit and supplies is not medically necessary.

Aqua relief system and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 9 Shoulder Complaints Page(s): 203-204; 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/heat packs. Other Medical Treatment Guideline or Medical Evidence: [http://paintechnology.com/products/water-therapy-systems/the-aqua-relief-system-\(hotcold-therapy-pump\)-1181](http://paintechnology.com/products/water-therapy-systems/the-aqua-relief-system-(hotcold-therapy-pump)-1181).

Decision rationale: An online search identifies the requested Aqua relief system as a hot/cold therapy unit. MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that there is minimal evidence supporting the application of cold treatment to low-back pain. Therefore, based on guidelines and a review of the evidence, the request for Aqua relief system and supplies is not medically necessary.

Aspen Summit back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support.

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies

documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, lumbar herniated disc syndrome without myelopathy, and lumbar radiculopathy with radiculitis to the right lower extremity. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Aspen Summit back brace is not medically necessary.

Lumbar home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Exercise; Knee & Leg Chapter, Home Exercise Kit.

Decision rationale: MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended; that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, lumbar herniated disc syndrome without myelopathy, and lumbar radiculopathy with radiculitis to the right lower extremity. However, there is no documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for lumbar home exercise kit is not medically necessary.