

Case Number:	CM14-0072479		
Date Assigned:	07/16/2014	Date of Injury:	07/10/2013
Decision Date:	03/11/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 38 year old male who sustained an industrial injury on 7/10/2013. He has reported a motor vehicle accident and reported low back pain, right knee pain and left sided neck pain. A prior work injury included injury to the head causing chronic headaches. The diagnoses have included cervical spine sprain, lumbar spine sprain with facet syndrome, right knee contusion, insomnia and memory impairment with headaches. Treatment to date has included acupuncture, chiropractic care, therapy and medication management. Currently, the IW complains of neck pain and lower back pain. Treatment plan included motorized cold therapy unit and combo-stimulation electrotherapy. On 5/2/2014, Utilization Review non-certified a request for purchase of a motorized cold therapy unit and combo-stimulation electrotherapy, noting the lack of medical necessity. The MTUS, ACOEM Guidelines and the Official Disability Guidelines were cited.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC low back procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck pain and cold pack

Decision rationale: According to the guidelines, cold packs may be used in the first few days after an injury, after which heat may be used. There is no evidence on motorized cold units for chronic neck pain application. In addition, long-term use as in a purchase of the unit is not recommended. The claimant's injury is remote (2 yrs ago). The use of a motorized cold pack unit is not medically necessary.

Combo-STM Electrotherapy: 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) - TWC low back procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Electrotherapies and neck pain

Decision rationale: According to the guidelines, electrotherapy is not recommended. There is little scientific evidence for its use. In pain as well as other outcomes, the evidence for treatment of acute or chronic mechanical neck disorders by different forms of electrotherapy is either lacking, limited, or conflicting. The claimant's injury is remote (2 yrs ago). In this case, the claimant has already undergone injections, manual therapy and manipulation as well as analgesics. These modalities have significantly more evidence to benefit the claimant than STM- electrotherapy. The request for STM electrotherapy is not medically necessary.