

Case Number:	CM14-0075908		
Date Assigned:	10/03/2014	Date of Injury:	09/12/2013
Decision Date:	01/02/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 44 year old male who sustained an industrial injury on 09/12/13. He was being treated for low back pain with right lower extremity radiculopathy. Magnetic resonance imaging (MRI) of lumbar spine showed annular tear at L5-S1 and disc desiccation with neuroforaminal narrowing at L4-L5 and L5-S1. The progress note from 03/27/14 was reviewed. His complaints included upper back pain, lower back pain, more on the right side, lower extremity pain on right side with weakness and numbness. His pain was 9-10/10. He was noted to have tenderness over the L4-5 and L5-S1 facet area bilaterally with more on the right side. He had positive SLR on the right side with intact sensation. Diagnoses included low back pain with radicular symptoms to the right lower extremity. He had failure to improve with conservative treatment. The request was for L5-S1 TFESI, motorized cold therapy unit for purchase and Combo-STIM electrotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold therapy unit to bilateral shoulders: 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), Continuous-flow cryotherapy (cold therapy unit)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 6th edition, online, Low back disorders, Heat and Cold therapies

Decision rationale: According to American College of Occupational and Environmental Medicine (ACOEM) guidelines, chapter on low back disorders, self applications of cryotherapies using towels or reusable simple devices are without complications or appreciable costs. These are recommended over the more expensive cryotherapy devices like the hot/cold therapy unit that is being requested. Hence the request is not medically necessary or appropriate.

Combo STIM electrotherapy to the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The Chronic Pain Guidelines indicates that transcutaneous electrical nerve stimulation (TENS) units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. The guidelines recommend a one month trial of TENS unit before a purchase is requested. A review of the submitted medical records provide evidence that he has failed to improve with physical therapy and oral medications. He meets the criteria for a one month trial of electrotherapy. The original request was for purchase of Combo STIM electrotherapy Unit. While the employee meets the criteria for TENS trial, he doesn't meet the criteria for a purchase of the electrotherapy unit. Hence the request for purchasing Combo STIM electrotherapy unit is not medically appropriate or necessary.