

Case Number:	CM15-0136931		
Date Assigned:	07/22/2015	Date of Injury:	07/29/2002
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

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

This 48 year old man sustained an industrial injury on 7/29/2002 due to cumulative trauma. Evaluations include an undated lumbar spine MRI. Diagnoses include lumbosacral herniated disc. Treatment has included oral medications, epidural steroid injections, and physical therapy. Physician notes dated 5/19/2015 show complaints of low back pain with radiation to the right hip and the bilateral legs rated 8/10 and right hip pain rated 10/10, difficulty sleeping, depression, and anxiety. Recommendations include Norco, Cyclobenzaprine, two topical compound creams, pain management consultation, neurosurgery consultation, lumbar spine MRI, muscle stimulator unit with heat and cold pack, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat/Cold therapy unit for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: The claimant has a cumulative trauma injury with date of injury in July 2002. When seen, he was having radiating low back pain and right hip pain and was being seen for an initial evaluation. Pain was rated at 8-10/10. Physical examination findings included lumbar tenderness with decreased and painful range of motion. Right hip range of motion was limited by pain. In terms of thermal modalities, the use of heat is low cost as an at-home application, has few side effects, and is noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. There is no need for a combination unit which is not medically necessary.

Multi-stimulator unit w/ supplies, 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant has a cumulative trauma injury with date of injury in July 2002. When seen, he was having radiating low back pain and right hip pain and was being seen for an initial evaluation. Pain was rated at 8-10/10. Physical examination findings included lumbar tenderness with decreased and painful range of motion. Right hip range of motion was limited by pain. The requested MultiStim unit provided combination of TENS, and interferential stimulation, and neuromuscular electrical stimulation. In terms of TENS or interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Additionally, the request was for a 5 month trial which would be excessive in terms of determining whether ongoing use and possible purchase of a basic unit could be considered. The trial using the requested combination unit was not medically necessary.