

Case Number:	CM15-0202994		
Date Assigned:	10/21/2015	Date of Injury:	08/11/2009
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/15/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 75 year old man sustained an industrial injury on 8-11-2009. Diagnoses include lumbar post-laminectomy syndrome. Treatment has included oral medications, heat, and ice. Physician notes dated 9-15-2015 show complaints of back pain and intermittent leg pain with muscle spasms. The worker rates his pain 8 out of 10 without medications and 5 out of 10 with medications. The physical examination shows normal muscle tone and strength in all four extremities, normal gait, and a negative straight leg raise. Recommendations include Norco, cyclobenzaprine, ice and heat pack, and TENS unit. Utilization Review denied requests for ice and heat packs and TENS unit on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice Pack/Heat Pack for the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Cold/Heat Packs.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Ice Pack/Heat Pack for the Lumbar Spine. The treating physician report dated 9/15/15 (30B) states, "He has never used a TENS unit and he has used ice and heat which does help reduce muscle spasms for him." The MTUS guidelines do not address the current request. The ODG guidelines state the following: "Recommended 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." In this case, the patient presents with acute pain affecting the lumbar spine. Furthermore, there is documentation of functional improvement from the prior use of an ice and heat pack. The current request is medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for TENS Unit. The treating physician report dated 9/15/15 (30B) states, "He has never used a TENS unit and he has used ice and heat which does help reduce muscle spasms for him." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, there is no indication of a designated time period the TENS unit would be used for therapeutic use. The current request does not satisfy MTUS guidelines as outlined on page 114. The current request is not medically necessary.