

Case Number:	CM15-0020499		
Date Assigned:	02/11/2015	Date of Injury:	07/27/2001
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 64 year old male, who sustained an industrial injury on 7/27/2001. The current diagnoses are global myofascial pain disorder, cervical sprain/strain with severe spondylosis, and lumbar sprain/strain with severe degenerative disc disease and facet arthrosis. Currently, the injured worker complains of severe neck and back pain with spasms. The pain is rated 8/10, at best 4/10 with medications, and 10/10 without. He reports 50% reduction in his pain and 50% functional improvement with activities of daily living with the medications versus not having them. Treatment to date has included medications, TENS unit, home exercise, and aqua therapy. The treating physician is requesting one tempurpedic back wedge and ultrastim pack # 8 for the use of TENS unit, which is now under review. On 1/21/2015, Utilization Review had non-certified a request for one tempurpedic back wedge and ultrastim pack # 8 for the use of TENS unit. California MTUS and Non-MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One tempurpedic back wedge: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Procedure Summary

Decision rationale: MTUS guidelines are silent regarding the indications to use memory foam mattress. According to ODG guidelines, mattress selection is not recommended to use firmness as sole criteria. The guidelines reported that there are no high quality studies to support the use of these mattresses for the treatment of low back pain. Pressure ulcers may be treated by specific support surfaces. In this case, there is no clear documentation of recent patient's condition and rationale to support his request. The presence of solely back pain is not an indication to use Adjustable Tempurpedic mattress. Therefore, the request for Adjustable Tempurpedic mattress, QTY: 1 is not medically necessary.

One prescription of Ultrastim pack # 8 for the use of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for back pain disorders. Therefore, the prescription of One prescription of Ultrastim pack # 8 for the use of TENS unit for lumbar is not medically necessary.