

Case Number:	CM15-0210892		
Date Assigned:	10/29/2015	Date of Injury:	06/25/2014
Decision Date:	12/17/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/27/2015

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

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:

The injured worker is a 41 year old female, who sustained an industrial injury on 6-25-2014. The medical records indicate that the injured worker is undergoing treatment for cervical spine strain and lumbar spine strain. According to the progress report dated 9-11-2015, the injured worker presented with complaints of low back pain with radiation into the posterior right hip and buttocks. She reports improvement in her pain level from 8 out of 10 to 4 out of 10 with medications. The physical examination reveals diffuse cervical and lumbar paraspinal tenderness and spasm. The current medications are Norco, Ibuprofen, and Soma. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, rest, heat, ice, physical therapy, home exercise program, chiropractic, acupuncture, and injection therapy. Work status is described as full duty. The original utilization review (10-1-2015) had non-certified a request for Polar care and 30-day trial of transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-day trial of transcutaneous electrical nerve stimulation (TENS) unit: Overturned

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 neck and back pain. She still has some pain in the low back that radiates into the posterior right hip and buttock. The request is for 30-DAY trial of transcutaneous electrical nerve stimulation (tens) unit. The request for authorization form is dated 09/24/15. Patient's diagnoses include cervical spine strain; lumbar spine strain. Physical examination of the cervical spine revealed diffuse cervical and lumbar paraspinal tenderness and spasm. Strength was 5/5 throughout. Sensation was intact throughout. The patient will continue with self-directed home exercise program including strengthening exercises. The patient's medications include Ibuprofen, Norco, and Soma. Per progress report dated 09/11/15, the patient is returned to full duty. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). Per progress report dated 09/11/15, treater's reason for the request is "[The patient] does continue with significant neuropathic pain." In this case, the patient continues to have pain despite conservative treatments including medications. MTUS does support a 30-day trial of the TENS unit in patients with neuropathic pain. Subsequent use will depend on the impact of the trial on the patient's pain and function. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Polar care: 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), Neck & Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter under Continuous-flow cryotherapy.

Decision rationale: The patient presents with neck and back pain. She still has some pain in the low back that radiates into the posterior right hip and buttock. The request is for polar care. The request for authorization form is dated 09/24/15. Patient's diagnoses include cervical spine strain; lumbar spine strain. Physical examination of the cervical spine revealed diffuse cervical and lumbar paraspinal tenderness and spasm. Strength was 5/5 throughout. Sensation was intact throughout. The patient will continue with self-directed home exercise program including strengthening exercises. The patient's medications include Ibuprofen, Norco, and Soma. Per progress report dated 09/11/15, the patient is returned to full duty. ODG Guidelines, Knee & Leg

Chapter under Continuous-flow cryotherapy states: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." Per progress report dated 09/11/15, treater's reason for the request is "to help with her diffuse lumbar tenderness and spasm as this has helped her when she received this during therapy in the past." ODG supports the use of cold therapy unit for postoperative recovery for no more than 7 days. However, treater does not discuss or document the patient to be postoperative. Additionally, guidelines do not allow for indefinite or open-ended use of cold therapy units. Therefore, the request is not medically necessary.