

Case Number:	CM15-0214506		
Date Assigned:	11/04/2015	Date of Injury:	07/15/2015
Decision Date:	12/15/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/30/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on 7-15-15. The injured worker was being treated for cervical radiculopathy, cervical spine sprain-strain, thoracic spine sprain-strain, lumbar radiculopathy, lumbar spine sprain-strain, insomnia, anxiety and depression. On 9-14-15, the injured worker complains of intermittent dull, aching, sharp, shooting and tight neck pain with associated headaches rate 3 out of 10 without medications and 0 out of 10 with medications; constant dull aching, sharp and shooting pain of mid back rated 6-7 out of 10 without medications and 3-4 out of 10 with medications and low back dull, aching, sharp, shooting and throbbing pain rated 8-9 out of 10 without medications and 7-8 out of 10 with medications. He also complains of los of sleep, anxiety and depression due to pain. He is currently totally disabled. Physical exam performed on 9-14-15 revealed tenderness to palpation and myospasms over bilateral paracervical muscles and bilateral trapezius muscles, trigger points over bilateral paracervical muscles, foraminal compression and cervical distraction are bilaterally positive and decreased range of motion of cervical spine is noted; parathoracic myospasms is present bilaterally from T1 through T12 levels with decreased thoracic range of motion and tenderness and myospasms of bilateral paralumbar muscles, tenderness in sciatic notches, trigger joints over bilateral paralumbar muscles, positive straight leg raise bilaterally and decreased lumbar range of motion. Decreased sensation is also noted in lower and upper extremities. Treatment to date has included oral medications including Norco; physical therapy and activity modifications. Request for authorization was submitted for LINT therapy, acupuncture treatment, Solace Multi-Stim unit, Hot-cold aquatic therapy system, EMG of upper and lower bilateral extremities, and oral and topical medications. On 10-7-15 request for Solace Multi-Stim unit and Hot-cold aquatic therapy system for purchase was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Multi-stim unit for purchase: 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 Official Disability Guidelines (ODG) Pain section, Neuromuscular electrical stimulation (NMES devices).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Solace multi-stim for purchase is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical and lumbar radiculopathy; cervical, thoracic and lumbar spine sprain strain; insomnia, anxiety and depression. Date of injury is July 15, 2015. There is no request for authorization in the medical record. There is one progress note medical record dated September 14, 2015. According to the September 14, 2015 progress note, subjective complaints are neck pain, mid back and low back pain. The low back pain radiates to the lower extremities. Objectively there is tenderness and myospasm in the cervical, thoracic and lumbar region. The treating provider is requesting the multi-stim for purchase. The injured worker sustained the industrial injury two months ago. The treating provider indicates the injured worker is has chronic intractable pain for over three months. Again, the injury is two months old. There is nothing intractable about the injury. There are no detailed facts in the medical record about failed physical therapy, chiropractic therapy, acupuncture treatment, or TENS failure. NMES devices are not recommended. There is no documentation of a one-month TENS trial. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for a neuromuscular electrical stimulator, documentation indicating the injury is eight weeks old with no conservative management to date, Solace multi-stim for purchase is not medically necessary.

Hot/Cold aquatic therapy system for purchase: 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 Official Disability Guidelines (ODG) Shoulder section, Continuous flow cryotherapy.

Decision rationale: Pursuant to the Official Disability Guidelines, hot/cold aquatic therapy system for purchase is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for non-surgical treatment, Post-operative use maybe for up to 7 days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's working diagnoses are cervical and lumbar radiculopathy; cervical, thoracic and lumbar spine sprain strain; insomnia, anxiety and depression. Date of injury is July 15, 2015. There is no request for authorization in the medical record. There is one progress note medical record dated September 14, 2015. According to the September 14, 2015 progress note, subjective complaints are neck pain, mid back and low back pain. The low back pain radiates to the lower extremities. Objectively there is tenderness and myospasm in the cervical, thoracic and lumbar region. The treating provider is requesting the multi-stim for purchase. The injured worker sustained the industrial injury two months ago. The treating provider indicates the injured worker is has chronic intractable pain for over three months. Again, the injury is two months old. There is nothing intractable about the injury. There are no detailed facts in the medical record about failed physical therapy, chiropractic therapy, acupuncture treatment, or TENS failure. There is no clinical indication or rationale for the hot cold aquatic therapy system. Continuous flow cryotherapy systems are recommended as an option after surgery, but not for nonsurgical treatment. There is no clinical indication or rationale for the hot cold aquatic therapy system. There is no documentation of an anticipated or upcoming surgery. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical indication or rationale for a hot cold aquatic therapy system, hot/cold aquatic therapy system for purchase is not medically necessary.