MAXIMUS Federal Services

Case Number:	CM15-0224436		
Date Assigned:	11/20/2015	Date of Injury:	11/20/2013
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/16/2015

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:

The injured worker is a 53 year old male, who sustained an industrial-work injury on 11-20-13.The injured worker was diagnosed as having cervical, shoulder, and lumbar musculoligamentous sprain-strain. Treatment to date has included medication, physical therapy, diagnostics, and acupuncture. Currently, the injured worker complains of neck pain with radicular symptoms into the left upper extremity. Per the primary physician's progress report (PR-2) on 10-7-15, exam noted tenderness to palpation of the cervical spine with muscle spasm over the paraspinal musculature bilaterally, Spurling's maneuver elicits localized pain, range of motion of cervical spine is restricted. The lumbar spine reveals tenderness over the paraspinal musculature bilaterally, positive straight leg raise, and restricted range of motion. The Request for Authorization requested service to include 1 heating pad and 1 Interferential unit. The Utilization Review on 10-28-15 denied the request for 1 heating pad and 1 Interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Heating pad: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Chronic Pain, p168.

Decision rationale: The claimant sustained a work injury in November 2013 when, while working as a [redacted], he was involved in a motor vehicle accident with injuries to the cervical and lumbar spine. One month before he sustained an injury to his left lower leg/hamstring. Treatments included physical therapy. An MRI of the lumbar spine in February 2014 included findings of minimal facet arthropathy. He returned to restricted work in July 2014. When seen in October 2015 he was using Motrin as needed. His upper extremity radicular symptoms had decreased. Physical examination findings included cervical and lumbar spine tenderness with decreased range of motion. There was low back pain with straight leg raising. He had cervical muscle spasm bilaterally. Spurling's testing caused localized pain. Authorization was requested for an interferential unit and for a heating pad. The use of modalities such as heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. Self-application of low-tech heat therapy is recommended for treatment of chronic low back pain, CRPS, and other chronic pain syndromes. The requested heating pad is medically necessary.

1 Interferential 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 claimant sustained a work injury in November 2013 when, while working as a [redacted], he was involved in a motor vehicle accident with injuries to the cervical and lumbar spine. One month before he sustained an injury to his left lower leg/hamstring. Treatments included physical therapy. An MRI of the lumbar spine in February 2014 included findings of minimal facet arthropathy. He returned to restricted work in July 2014. When seen in October 2015 he was using Motrin as needed. His upper extremity radicular symptoms had decreased. Physical examination findings included cervical and lumbar spine tenderness with decreased range of motion. There was low back pain with straight leg raising. He had cervical muscle spasm bilaterally. Spurling's testing caused localized pain. Authorization was requested for an interferential unit and for a heating pad.A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. If there was benefit, then purchase of a unit would be considered. Providing a unit without a home-based trial of use demonstrating efficacy is not medically necessary.