

Case Number:	CM15-0039511		
Date Assigned:	03/09/2015	Date of Injury:	10/23/2013
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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: Emergency 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 was a female, who sustained an industrial injury, July 22, 2013. The injured worker sustained the neck and back injury after being pinned by a car. According to progress note of January 8, 2015, the injured workers chief complaint was cervical spine with constant moderate to severe achy and sharp neck pain. The thoracic spine pain was constant moderate to severe achy sharp upper/mid back pain. The lumbar spine pain was constant severe achy and sharp low back pain. The physical exam noted decrease range of motion to the cervical spine due to pain. There was tenderness to bilateral trapezii and cervical paravertebral muscles. There was tenderness to palpation of the thoracic paravertebral muscles with associated muscle spasms. The lumbar spine had decreased range of motion due to pain. There was tenderness noted with palpation of the bilateral S1 joints and lumbar paravertebral muscles. There were muscles spasms of the lumbar paravertebral muscles. The injured worker was diagnosed with cervical neck sprain/strain, lumbar and thoracic strain/sprain, cervical radiculopathy, lumbar myospasm, lumbar radiculopathy, left shoulder strain/sprain and left wrist strain/sprain. The injured worker previously received the following treatments trigger points impedance imaging, massage, electro stimulation, Naproxen, Cyclobenzaprine, Pantoprazole, Flurbiprofen, Tramadol, Gabapentin, Dextromethorphan, Amitriptyline in a mediderm base, MRI of the cervical spine. The treatment plan included ICS (interferential current stimulation) rental times 5 months and home kit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

INF unit, five month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120 Page(s): 118-120.

Decision rationale: The requested INF unit, five month rental, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has cervical spine with constant moderate to severe achy and sharp neck pain. The thoracic spine pain was constant moderate to severe achy sharp upper/mid back pain. The lumbar spine pain was constant severe achy and sharp low back pain. The physical exam noted decrease range of motion to the cervical spine due to pain. There was tenderness to bilateral trapezii and cervical paravertebral muscles. There was tenderness to palpation of the thoracic paravertebral muscles with associated muscle spasms. The lumbar spine had decreased range of motion due to pain. There was tenderness noted with palpation of the bilateral S1 joints and lumbar paravertebral muscles. There were muscles spasms of the lumbar paravertebral muscles. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, INF unit, five-month rental is not medically necessary.

Home kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Page 46-47 Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines, Low and back and neck, under exercise.

Decision rationale: The requested Home kit purchase, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), 7/18/09: Chronic Pain Medical Treatment Guidelines 7/18/09 Exercise, Page 46-47

"Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition Low and back and neck, under exercise: "Recommended for treatment and for prevention. There is strong evidence that exercise reduces disability duration in employees with low back pain. In acute back pain, exercise therapy may be effective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, should be recommended. Exercise programs aimed at improving general endurance (aerobic fitness) and muscular strength (especially of the back and abdomen) have been shown to benefit patients with acute low back problems. So far, it appears that the key to success in the treatment of LBP is physical activity in any form, rather than through any specific activity. One of the problems with exercise, however, is that it is seldom defined in various research studies and its efficacy is seldom reported in any change in status, other than subjective complaints. If exercise is prescribed a therapeutic tool, some documentation of progress should be expected. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." The injured worker has cervical spine with constant moderate to severe achy and sharp neck pain. The thoracic spine pain was constant moderate to severe achy sharp upper/mid back pain. The lumbar spine pain was constant severe achy and sharp low back pain. The physical exam noted decrease range of motion to the cervical spine due to pain. There was tenderness to bilateral trapezii and cervical paravertebral muscles. There was tenderness to palpation of the thoracic paravertebral muscles with associated muscle spasms. The lumbar spine had decreased range of motion due to pain. There was tenderness noted with palpation of the bilateral S1 joints and lumbar paravertebral muscles. There were muscles spasms of the lumbar paravertebral muscles. The treating physician has not documented the specific constituent parts of the exercise kit nor the medical necessity for its use. The criteria noted above not having been met, Home kit purchase is not medically necessary.