

<b>Case Number:</b>	CM15-0043368		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old male who sustained an industrial injury on 6/21/2011. His diagnoses, and/or impressions, include lumbar facet arthropathy with hypertrophy of the ligamentum flavum; significant lumbosacral disc herniation; status-post anterior lumbar interbody fusion and posterior lumbosacral decompression (with hardware) surgery (approximately May 2014) - slowly progressing; mild bilateral bony neural foraminal stenosis; and left knee injury. Current, post-surgical, computed tomography studies of the lumbar spine with MPR and 3-D reconstruction is noted on 8/1/2014. His treatments have included physical therapy; activity modifications; lumbar brace; surgery; and medication management. The physician's report of 11/4/2014, noted constant, severe and radiating low back pain, with weakness and spasms, and a "maybe" 10% improvement, 6 months status-post surgery; along with anxiety and depression. The physician's treatment requests included durable medical equipment with the purchase of a Pro-Stim combo unit and 3 months of supplies, for home use to help him recover from the new recommended surgical procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro-Stim Purchase (combo unit) and 3 months supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**Decision rationale:** I attempted to find specific information about the pro-stim combo unit from reviewing the clinic notes, literature, and conducting internet searches but could not find reliable information indicating the clinical efficacy. In general, MTUS states that TENS unit is appropriate when: Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried(including medication) and failed. 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short- and long- term goals of treatment with the TENS unit should be submitted. From my review of the clinical record the above clinical criteria are not met, consequently it is not considered medically necessary at this time.

**Q-tech Cold Therapy 35 day rental and universal sleeve:** 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) regarding cold/heat packs or cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/ Cryotherapy.

**Decision rationale:** The ACOEM guidelines and the California MTUS do not address cryotherapy for the lower back. The Official Disability Guidelines support use of ice packs to decrease inflammation and pain. However, there is no clinically supported rationale indicating improved functional capacity with cryotherapy systems beyond traditional cold packs. Consequently, the specific cold therapy request is not medically necessary.