

Case Number:	CM15-0052857		
Date Assigned:	03/26/2015	Date of Injury:	02/15/2014
Decision Date:	05/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/20/2015

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 31-year-old female who reported an injury on 02/15/2014. The mechanism of injury involved a fall. The current diagnosis is lumbosacral radiculopathy. The latest physician progress report submitted for review is documented on 02/23/2015. The injured worker presented for a follow-up evaluation with complaints of persistent low back pain with radiation into the bilateral lower extremity causing pain, paresthesias, and numbness. In 10/2014, the provider indicated the injured worker had been a candidate for an epidural steroid injection. The injured worker had not yet received a referral to the pain management specialist for an evaluation. Upon examination, there was palpable muscle spasm, tenderness, and guarding in the paravertebral musculature of the lumbar spine with a loss of range of motion. Recommendations at that time included continuation of conservative medical management until the epidural steroid can be obtained. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio touch interferential device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. There is no documentation of a failure of conservative management prior to the request for an interferential unit. In addition, there is no documentation of a successful 1 month trial prior to the request for a unit purchase. Given the above, the request is not medically appropriate.

LSO lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of a significant musculoskeletal deficit upon examination. There was no evidence of spinal instability. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate.

Paraffin wax system: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand chapter, Paraffin wax bath.

Decision rationale: The Official Disability Guidelines recommend a paraffin wax bath as an option for arthritic hands if used as an adjunct to a program of evidence based conservative care. The injured worker does not maintain a diagnosis of arthritis of the hands. There is also no evidence of this injured worker's active participation in a program of evidence based conservative care. As the medical necessity has not been established, the request is not medically appropriate.

Cold Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline, Cinahl and The Cochrane Library.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state at home local applications of heat or cold packs are as effective as those performed by a therapist. There is no mention of a contraindication to at home local applications of cold packs as opposed to a motorized mechanical device. As the medical necessity has not been established, the request is not medically appropriate.