

Case Number:	CM15-0059714		
Date Assigned:	04/06/2015	Date of Injury:	09/18/2001
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 09/18/2001. She has reported injury to the low back. The diagnoses have included lumbar degenerative disc disease; and failed back surgery syndrome. Treatment to date has included medications, diagnostic studies, lumbar epidural steroid injections, acupuncture, implantable pain pump; and surgical intervention. A progress note from the treating provider, dated 02/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with radiation to the bilateral legs; pain is rated at 7-8 on the visual analog scale; and medications allow for tolerating activities of daily living. Objective findings have included tenderness to palpation of the lumbar spine; and decreased range of motion of the lumbar spine. The treatment plan has included the request for Hot and Cold Therapy Unit; and TENS (transcutaneous electrical nerve stimulation) Unit, TENS wires - 1 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot & Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: (online guidance) Cold/Heat packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - low back chapter and pg 18.

Decision rationale: According to the guidelines, there is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. In this case, the injury is chronic. Cold therapy is recommended during the acute phase of injury. Length of use of the unit was not specified or frequency. The request for a heat/cold therapy unit is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) Unit, TENS Wires - 1 Month Rental:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses and the use of TENS was not elaborated or substantiated. The request for a TENS unit is not medically necessary.