MAXIMUS Federal Services

Case Number:	CM15-0080162		
Date Assigned:	05/12/2015	Date of Injury:	01/23/2015
Decision Date:	06/29/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/27/2015

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, 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 55-year-old male patient who sustained an industrial injury on 01/23/2015. The injured is described as the patient having experienced an acute onset of sharp knee pain while working his normal duties. A primary re-evaluation visit dated 03/16/2015 reported present complaints of bilateral knees and low back pain. He is found unchanged from the last examination. He continues to experience a great deal of back pain and it is primarily aggravated with physical activity. He states his right knee being more problematic then the left. The knee pain is worsened by bending, stooping, and twisting motions; as well as, climbing stairs. Objective findings showed the thoracic spine with hypokyphosis. There is spasm on the bilateral paraspinals. The bilateral knees are positive for crepitus. He is diagnosed with thoracic spine musculoligamentous strain/sprain; thoracalgia; thoracic spine myospasm; bilateral knee arthralgia. The plan of care involved: recommending continuing with chiropractic care, awaiting authorization for radiography scan, continue with conservative therapy, and return for follow up in 6 weeks. On 02/16/2015, the patient had present complaint of constant mid back pain that radiates all over the back accompanied with numbness, tingling, cramping, and spasm. The pain is noted increased with repetitive movements. The pain is decreased with over the counter medications. He is also with intermittent low back pain that radiates to the left hip and bilateral legs accompanied with numbness, tingling, and cramps. In addition, he has intermittent bilateral knee pain, tension, sleepiness, anxiety, fatigue, confused thoughts, poor concentration, and verbal abuse at work, irritability. He is currently taking Acetaminophen. Objective assessment noted spasm on the bilateral paraspinals, and positive crepitus to bilateral knees. There is no change in the treating diagnoses. The plan of cate involved prescribing Naproxen, Prilosec, Flexeril, and a transdermal analgesia; recommending chiropractic care, radiography scans, and use of a transcutaneous nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of hot cold pack wrap for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for a hot cold pack wrap for 8 weeks, California MTUS recommends the use of cold packs for acute complaints and hot packs thereafter. Within the documentation available for review, there is no documentation of a rationale for the use of a specialized wrap rather than simple hot/cold packs or another clear rationale identifying the medical necessity of the request. In the absence of such documentation, the currently requested hot cold pack wrap for 8 weeks is not medically necessary.

Electrodes, 10 packs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: Regarding the request for electrodes, it is noted that the interferential unit is not medically necessary. Therefore, there is no indication for this request. As such, electrodes are not medically necessary.

Batteries, 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: Regarding the request for batteries, it is noted that the interferential unit is not medically necessary. Therefore, there is no indication for this request. As such, batteries are not medically necessary.

Setup and delivery for the interferential unit for the thoracic spine and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: Regarding the request for setup and delivery for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation as outlined above. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested setup and delivery for interferential unit is not medically necessary.