

Case Number:	CM15-0082345		
Date Assigned:	05/04/2015	Date of Injury:	02/17/2012
Decision Date:	07/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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 25 year old male, who sustained an industrial injury on 02/17/2012. He reported that he was using a dolly to move three to four pallets with each pallet carrying 72 cases of product. The injured worker removed a can that was on the floor in the way. When he bent over to pick up the can he noted a sharp pain to the low back. The injured worker was diagnosed as having lumbago pain in the lumbar spine. Treatment and diagnostic studies to date has included medication regimen, x-rays, magnetic resonance imaging of the low back with the date unknown, and physical therapy. In a progress note dated 02/26/2015 the treating physician reports complaints of frequent, sharp, burning low back pain that radiates to the bilateral buttocks, left hip, thigh, knee, and foot with associated symptoms of weakness to the left foot, numbness, weakness, tingling, and burning sensation to the left leg at the toe level. Examination revealed decreased range of motion to the lumbosacral spine. The treating physician noted magnetic resonance imaging of the lumbar spine that was performed on an unknown date that was remarkable disc damage. The treating physician requested hot or cold pack, a home exercise kit for the lumbar spine, and a muscle stimulator unit for five months noting that the equipment was requested based on Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot or Cold Pack: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter under Low Back- Lumbar & Thoracic Chapter, Cold/Heat Packs.

Decision rationale: The patient was injured on 02/17/12 and presents with frequent, sharp, and burning low back pain which radiates to the bilateral buttocks, left hip (posterior), thigh, knee, and foot with weakness in the left foot. The request is for a hot or cold pack. There is no RFA provided and the patient is not currently working. The report with the request is not provided. ODG Guidelines Pain Chapter under Low Back- Lumbar & Thoracic Chapter, Cold/Heat Packs section states, "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) 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. (Kinkade, 2007)" The patient has a limited lumbar spine range of motion and tenderness to palpation over the lower lumbar spine segment at L4, L5, and S1 level. He is diagnosed with lumbago pain in lumbar spine. Treatment and diagnostic studies to date include medication regimen, x-rays, magnetic resonance imaging of the low back with the date unknown, and physical therapy. The treater does not provide a reason for the request. ODG guidelines state that "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." Due to lack of support from guidelines, the request is not medically necessary.

Home Exercise Kit for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter, Home Exercise kits.

Decision rationale: The patient was injured on 02/17/12 and presents with frequent, sharp, and burning low back pain which radiates to the bilateral buttocks, left hip (posterior), thigh, knee, and foot with weakness in the left foot. The request is for a home exercise kit for lumbar spine. There is no RFA provided and the patient is not currently working. The report with the request is not provided. ACOEM Guidelines page 309 under low back chapter recommends, "Low stress

aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." ODG Guidelines under the Knee and Leg Chapter on Home Exercise kits states, "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended." The patient has a limited lumbar spine range of motion and tenderness to palpation over the lower lumbar spine segment at L4, L5, and S1 level. He is diagnosed with lumbago pain in lumbar spine. The physician does not discuss this request. While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for "home exercise kit" for the lumbar spine does not delineate what is included in the "kit." Without knowing what the "kit" is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. The physician does not provide any useful discussion regarding his request. There is no discussion regarding what exercises are to be performed and what kind of monitoring will be done. The requested home exercise kit for the lumbar spine is not medically necessary.

Muscle stimulator unit for 5 months: 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 neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The patient was injured on 02/17/12 and presents with frequent, sharp, and burning low back pain which radiates to the bilateral buttocks, left hip (posterior), thigh, knee, and foot with weakness in the left foot. The request is for a muscle stimulator unit for 5 months. There is no RFA provided and the patient is not currently working. The report with the request is not provided. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." The patient has a limited lumbar spine range of motion and tenderness to palpation over the lower lumbar spine segment at L4, L5, and S1 level. He is diagnosed with lumbago pain in lumbar spine. There is no indication of stroke for which the NMES unit is recommended. Additionally, the treater does not discuss other treatment modalities accompanying the unit. In this case, the patient does not meet any of the indications for the NMES. Therefore, the request is not medically necessary.