

Case Number:	CM15-0087116		
Date Assigned:	05/11/2015	Date of Injury:	05/24/2013
Decision Date:	06/24/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, Illinois

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 May 24, 2013. He reported neck, low back, left shoulder, right elbow and left ankle pain. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, post annular tear, left shoulder SLAP tear, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, chiropractic treatment, lumbar spine brace, back and left shoulder pain injections, medication, rest, a home exercise program and work restrictions. Currently, the injured worker complains of neck, low back, left shoulder, right elbow and left ankle pain with associated numbness, tingling and radiating pain to the left lower extremity, bilateral hands and right elbow. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He reported little benefit with previous injections to the left shoulder and low back and failed conservative therapies. Magnetic resonance imaging of the lumbar spine on June 18, 2014, revealed scoliosis and disc protrusion, arthritis and decreased disc height between lumbar 4-sacral 1 levels. Magnetic resonance imaging of the left shoulder on July 2, 2014, revealed findings consistent with the shoulder diagnoses and fluid in the joint possibly indicating an effusion. Evaluation on February 26, 2015, revealed continued pain. Purchase of a hot and cold unit and inferential unit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hold and Cold Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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 (ODG) Shoulder (Acute & Chronic)Continuous-flow cryotherapy.

Decision rationale: The injured worker sustained a work related injury on May 24, 2013. The medical records provided indicate the diagnosis of cervical disc disease, cervical radiculopathy, post annular tear, left shoulder SLAP tear, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Treatments have included physical therapy, chiropractic treatment, lumbar spine brace, back and left shoulder pain injections, medication, rest, a home exercise program and work restrictions. The medical records provided for review do not indicate a medical necessity for Hold and Cold Unit purchase. The MTUS is silent on Hold and Cold Unit; the Official Disability Guidelines does not recommend cryotherapy unit except for 7 days postsurgical use. Therefore, the request is not medically necessary.

Interferential Unit rental 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: The injured worker sustained a work related injury on May 24, 2013. The medical records provided indicate the diagnosis of cervical disc disease, cervical radiculopathy, post annular tear, left shoulder SLAP tear, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Treatments have included physical therapy, chiropractic treatment, lumbar spine brace, back and left shoulder pain injections, medication, rest, a home exercise program and work restrictions. The medical records provided for review do not indicate a medical necessity for Interferential Unit rental 30 days. The MTUS does not recommend Interferential unit as an isolated treatment, except in conjunction with recommended treatments, including return to work, exercise and medications. There is no indication the injured worker is engaged in exercise program. Therefore, the request is not medically necessary.