

Case Number:	CM14-0133125		
Date Assigned:	10/01/2014	Date of Injury:	10/29/2013
Decision Date:	11/19/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 10/29/2013. Documentation regarding the original injury was not provided. The patient suffered a fall landing on his back on a concrete floor. This patient receives treatment for chronic low back pain with radiation down to the legs. A lumbar MRI on 01/10/2014 showed L2-L5 disc protrusions. The patient underwent a lumbar laminectomy at L5-S1 on 01/10/2014. The patient had physical therapy postoperatively. The date of the consult note with these requests is dated 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential 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 (ODG), Interferential Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Interferential therapy

Decision rationale: This patient receives treatment for failed back syndrome (chronic low back pain following lumbar surgery). The treatment guidelines do not recommend interferential

therapy in this setting, as clinical studies fail to show any significant benefit. Interferential therapy is not medically necessary.

Motorized 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 (ODG), Cold/Heat Packs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/heat packs

Decision rationale: While application of cold may play a role in the immediate post-operative setting, typically less than 7 days, the treatment guidelines do not recommend a motorized cold therapy unit in the non-surgical setting. The request for a motorized cold therapy unit is not medically necessary.

Combo-STIM electrotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Post Operative Pain Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical stimulation Page(s): 116-117.

Decision rationale: Transcutaneous electrical stimulation may be medically indicated for some cases of post-operative pain within the first few weeks of the surgery. Based on the documentation, Combo-stim electrotherapy is not medically necessary.