

Case Number:	CM14-0135483		
Date Assigned:	09/03/2014	Date of Injury:	10/21/2001
Decision Date:	09/30/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 76-year-old male with date of injury of 10/21/2001. The listed diagnoses per [REDACTED], dated 06/10/2014, are: Chronic musculoligamentous sprain of the cervical/thoracic spine, chronic musculoligamentous sprain of the lumbar spine, spondylitic changes of the lumbar spine. According to this handwritten report, the patient complains of severe low back pain that is throbbing, aching, and burning. The objective findings show the patient has pain and spasms in the cervical spine. Flexion is 38 degrees, extension is 36 degrees in the cervical spine. Lumbar spine flexion is 35 degrees and extension at 15 degrees. No other findings were noted on the report. The utilization review denied the request on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS for joint stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): MTUS p114-116.

Decision rationale: This patient presents with severe lower back pain. The treater is requesting a TENS for joint stimulation. The MTUS guidelines, pages 114 to 116, on TENS unit, states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The records do not show that the patient has tried TENS unit in the past. In this case, MTUS guidelines recommends a 1-month home-based TENS trial to determine its efficacy in terms of pain relief and function. Recommendation is for denial.

Solar-Care FIR Heating System and FIR heat pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Infrared Therapy - ODG Guidelines.

Decision rationale: This patient presents with severe lower back pain. The treater is requesting a Solarcare FIR heating system and FIR heating pad purchase. The MTUS and ACOEM guidelines do not address this request; however, ODG guidelines, on infrared therapy, states that it is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute lower back pain, but only if used as an adjunct to a program of evidence-based conservative care (exercise). The ACOEM guidelines, pages 156 and 157, on heat wraps, states that heat therapy including a heat wrap is recommended for treatment of acute, sub-acute, and chronic low back pain. In this case, the treater does not explain why infrared heating system and infrared heat pad is preferred over conventional heat therapy. In addition, IR therapy should be tried to determine its efficacy in terms of functional improvement and pain relief. Recommendation is for denial.