

Case Number:	CM14-0143719		
Date Assigned:	09/12/2014	Date of Injury:	01/08/2014
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 & Rehabilitation 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 is a 65-year-old male with a 1/8/14 date of injury, when he sustained spinal injury as result of bouncing up and down inside the forklift. The patient was seen on 9/3/14 with complaints of 5/10 neck pain and pain in both trapezial muscles and 5-6/10 low back pain radiating to the lower extremities. Exam findings revealed limited range of motion at the cervical spine with tenderness to palpation along the cervical spine and trapezial muscles. Spurling's test was positive. The range of motion in the lumbar spine was limited with tenderness to palpation in the paraspinal muscles and the L2-L3 level. Straight leg raising test was positive at 30 degrees on the left. The diagnosis is cervical and lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date: work restrictions and medications. An adverse determination was received on 8/25/14 given that the records did not establish objective evidence that the patient meet the criteria for Interferential Unit and cooling devices used in the home setting were considered not medically necessary due to guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit; Motorized Cold Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Therapy Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain, cold/heat packs

Decision rationale: Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. There is a lack of documentation indicating that the patient's pain was ineffectively controlled due to diminished effectiveness of the medications or side effects from the medications. It is not clear if the patient tried and failed all available conservative therapies. In addition, there is no clear rationale with clearly specified goals from the treatment with interferential unit. Regarding motorized cold therapy; CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, there is no evidence of recent or pending surgery. Therefore, the request for Interferential unit; motorized cold therapy was not medically necessary.