

Case Number:	CM14-0177641		
Date Assigned:	10/31/2014	Date of Injury:	04/10/2014
Decision Date:	12/24/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of April 10, 2014. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve a request for Solar Care heating pad for purchase and a multimodality transcutaneous electrotherapy device. These articles were sought via a handwritten July 31, 2014 prescription form/Request for Authorization (RFA) form. Little-to-no narrative commentary or applicant-specific information was provided. The RFA form comprised almost entirely of preprinted checkboxes. In a June 30, 2014 progress note, the applicant reported ongoing, multifocal complaints of low back, neck, mid back, and shoulder pain with associated anxiety, depression, and restlessness. The applicant was placed off of work, on total temporary disability. Chiropractic manipulative therapy, an interferential unit, and Solar Care heating pad were sought on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro Stim 5.0 x 90 day rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 308, 300, 181, 174, 203.

Decision rationale: The primary pain generators here are the neck, mid back, low back, and shoulder. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, however, transcutaneous electrotherapy devices, the article at issue, are deemed "not recommended" in the evaluation and management of neck and upper back complaints, as are present here. Similarly, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 likewise takes the position that TENS units are deemed "not recommended." While these unfavorable positions are qualified by commentary made in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203 to the effect that TENS units are not supported by high-quality medical studies for shoulder pain but can be useful in initial conservative treatment of acute shoulder symptoms, depending on the availability of local physical therapist, commentary in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 174 to the effect that palliative tools such as TENS unit may be used on a trial basis but should be monitored closely, with emphasis on functional restoration and return of applicants activities of normal daily living, and the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, to the effect that TENS units may have some value in the short term if used in conjunction with a program of functional restoration, in this case, however, there is no mention of the applicant's intention to use the proposed Pro-Stim five-modality device in conjunction with a program of functional restoration. The applicant was placed off of work, on total temporary disability, as of the date of the request, June 30, 2014. The attending provider's placing the applicant off of work, on total temporary disability, while concurrently seeing multiple passive modalities, including manipulative therapy, a multimodality transcutaneous electrotherapy device, and a heating pad, taken together was at odds with ACOEM principles and parameters. Therefore, the request is not medically necessary.

Solar Care Heating Pad for 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, Neck and Upper Back, Heat/Cold Applications

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 174, 204, 299.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 9, Table 9-3, page 204, ACOEM Chapter 8, Table 8-5, page 174, and ACOEM Chapter 12, Table 12-5, page 299 do recommend simple, low-tech, at-home applications of heat and cold as methods of symptom control for low back pain complaints, neck and upper back pain complaints, and shoulder pain complaints, as are/were present here, ACOEM does not, by implication, support elaborate, high-tech devices to administer hot and cold therapy. The request for the high-tech, elaborate, brand-name 'Solar Care' heating pad for purchase purposes, thus, is at odds with the ACOEM principles and parameters. Therefore, the request is not medically necessary.

