

<b>Case Number:</b>	CM14-0088679		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/21/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Illinois. 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 injured worker is a 45-year-old female who reported an injury on 09/21/2013 due to an unspecified mechanism injury. The injured worker complained of lower back pain. The injured worker had a diagnosis of chronic pain, tension headaches, gastritis, cervical spinal sprain/strain with myospasms, ulnar neuritis, lumbar spine sprain/strain with myospasms, and lumbar radiculitis. The diagnostics included an MRI and electromyogram/nerve conduction study. The MRI is of the lumbar and cervical. Past treatments included chiropractic therapy, psychotherapy, acupuncture, and physical therapy. The medication included ibuprofen 800 mg, diazepam 5 mg, and pantoprazole 20 mg. The physical examination dated 03/19/2014 of the thoracolumbar spine revealed normal kyphosis and normal lordosis, no inflammation. Tenderness to palpation at the spinal with spasms at the paraspinals and tenderness to palpation of the bilateral sacroiliacs. Limited range of motion second to pain, positive sitting root test. Hyperparesthesia to the left lateral thigh and dorsum of the foot. The treatment plan included TENS unit, aqua system therapy, and cold wraps. The Request for Authorization dated 07/23/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS (transcutaneous electrical nerve stimulation) unit 30-day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy: Criteria for the use of TENS Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES Page(s): 114-116, 121.

**Decision rationale:** The request for TENS (transcutaneous electrical nerve stimulation) unit 30-day rental is not medically necessary. The California MTUS recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. Prior to a trial, there must be at least 3 months of documented pain with evidence of appropriate pain modalities that have been tried and failed. The clinical notes did not indicate that the 3 months' worth of modalities had been tried and failed. As such, the request is not medically necessary.

**Hot and cold pack/wrap or thermal combo unit- 30 day rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 04/14/14): Continuous-Flow Cryotherapy; Forearm, Wrist, & Hand (updated 02/18/14): Cold Packs; Low Back (updated 05/12/14): 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), Neck & Upper Back Complaints, Cold packs

**Decision rationale:** The request for hot and cold pack/wrap or thermal combo unit- 30 day rental is not medically necessary. The California MTUS/ACOEM did not address. The Official Disability Guidelines indicate that cold therapy is recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. The guidelines indicate insignificant testing exists to determine the effectiveness for the heat and cold applications in the treatment of mechanical neck disorders. As such, the request is not medically necessary.

**Aqua relief system EO217 purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/12/14); Hochberg, 2001; Bleakley, 2004

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Complaints, Cold Packs

**Decision rationale:** The request for aqua relief system EO217, purchase, is not medically necessary. The California MTUS/ACOEM did not address. The Official Disability Guidelines indicate that cold therapy is recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. The guidelines indicate insignificant testing exists to determine the effectiveness for the heat and cold applications in the treatment of mechanical neck disorders. As such, the request is not medically necessary.