

Case Number:	CM14-0035600		
Date Assigned:	07/23/2014	Date of Injury:	07/11/2013
Decision Date:	01/02/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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] company employee who has filed a claim for chronic low back, hip, leg, and knee pain reportedly associated with an industrial injury of July 11, 2013. In a Utilization Review Report dated March 4, 2014, the claims administrator denied a request for a multi-stimulator device and associated supplies. The claims administrator stated that its decision was based on an RFA form dated March 3, 2014. This RFA form of March 3, 2014, however, was not incorporated into the IMR packet. The applicant's attorney subsequently appealed. In a Doctor's First Report dated February 6, 2014, the applicant seemingly transferred care to a new primary treating provider, reporting multifocal pain complaints including neck pain, low back pain, hip pain, and knee pain secondary to cumulative trauma at work. Twelve sessions of physical therapy, electrodiagnostic testing, MRI imaging of numerous body parts, and several topical compounds were endorsed, while the applicant was kept off of work, on total temporary disability. The note was very difficult to follow and employed preprinted checkboxes. It appears that the attending provider was also ordering a multistimulator unit or 'MSU,' again through usage of preprinted checkboxes without much in the way of narrative commentary. A home exercise kit was also ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Multi-Stim unit for 5 months rental for the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121. Decision based on Non-MTUS Citation www.postsurgicalrehab.com/pdf/MSUandMicroZ.pdf

Decision rationale: Per the product description, the multistimulator unit is an amalgam of three different forms of transcutaneous electrical therapy, namely conventional TENS therapy, interferential current stimulation and neuromuscular electrical stimulation. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation, one of the modalities in the article at issue, is not recommended outside of the poststroke rehabilitative context. NMES is not recommended in the chronic pain context present here, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Since one element in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.

Electrodes 8 pair per month for 5 months (for the Solace Multi-Stim unit): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

2 Lead wires (for the Solace Multi-Stim unit): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Adapter (for the Solace Multi-Stim unit): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Aqua Relief system, purchase and installation, for the lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: While the MTUS Guidelines in ACOEM Chapter 12, Table 12-5 notes that at-home local applications of heat and cold are recommended as methods of symptom control for low back pain complaints, as are present here, ACOEM does not, by implication, support more elaborate, high-tech devices to deliver cryotherapy, as is being sought here via the Aqua Release system at issue. The Third Edition ACOEM Guidelines take a more explicit position against usage of more elaborate devices for delivering cryotherapy, noting that such high-tech devices are considered "not recommended" in the treatment of low back pain. The attending provider's handwritten progress note and preprinted checkboxes did not incorporate any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM positions on the article at issue. Therefore, the request is not medically necessary.

Lumbar home exercise rehab kit (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 83, 309, Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, back-specific exercise machines, an article essentially analogous to the home exercise kit at issue here, are deemed "not recommended." The MTUS Guideline in ACEOM Chapter 5, page 83 further notes that to achieve functional recovery, the applicant must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The home exercise kit at issue, thus, per ACOEM, is an article of applicant responsibility, as opposed to an article of payer responsibility. Finally, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines note that no one particular form of exercise is recommended over another. In this case, the attending provider did not outline a compelling rationale for the proposed lumbar exercise kit in his February 6, 2014, progress note, which, as noted previously, compromised almost entirely of preprinted checkboxes. It was not stated how the home exercise kit was needed to advance care here, particularly in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

