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| Case Number: | CM15-0011681 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 06/08/2014 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old male who sustained an industrial injury on 6/8/14. The injured worker reported symptoms in the shoulder, back and lower extremities. The diagnoses included cervical spine, lumbar spine and right shoulder sprain/strain, cervical spine myospasms, lumbar spine radiculitis, right shoulder clinical impingement, lumbar spine disc desiccation, lumbar spine multi-level disc protrusions with an annular tear and right shoulder calcific tendinosis. Treatments to date include acupuncture, PT, Functional Restoration Program and oral pain medications. In a progress note dated 12/22/14 the treating provider reports the injured worker complained of intermittent right shoulder pain, constant low back pain radiates to his right leg and right groin area associated with numbness, sharp, pulsing and deep sensation. There were objective findings of tenderness of palpation of the trapezius, sternum and lumbar paraspinal area. The straight leg raising test was noted to be positive. The medications listed are Naproxen and topical compound medications. On 1/7/14 Utilization Review non-certified the request for a hot and cold pack/wrap and a transcutaneous electrical nerve stimulation unity. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold pack/wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Hot and cold therapy

Decision rationale: The CA MTUS did not address the use of hot and cold therapy for the treatment of musculoskeletal pain. The ODG guidelines recommend that hot and cold treatment can be utilized for the management of musculoskeletal pain during the post injury period and after surgical procedures. The records did not indicate that the patient is in the immediate post injury or post operative phase. The pain is located in multiple body regions including the spines and major joints. It is unclear where the hot cold wrap will be applied. The criteria for the use of hot cold pack/ wrap was not met.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 113-116, 121.

Decision rationale: The CA MTUS recommend that TENS unit can be utilized for the treatment of musculoskeletal pain. The utilization of TENS unit can result in significant pain relief, increase in range of motion and decrease in medications utilization. The guidelines recommend that the patient first undergo a 30 days Trial with the TENS Unit use. The TENS units can then be purchased if there is documentation of significant beneficial effects following the 30 days Trial use. The records did not show a documentation of beneficial effects or a successful 30 days of supervised TENS unit Trial. The criteria for the TENS Unit was not met.