

Case Number:	CM15-0110954		
Date Assigned:	06/19/2015	Date of Injury:	09/19/2013
Decision Date:	08/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38 year old female, who sustained an industrial/work injury on 9/19/13. She reported initial complaints of pain in neck, left shoulder, and low back. The injured worker was diagnosed as having cervicalgia, sciatica, lumbar radiculitis, and anxiety. Treatment to date has included medication, physical therapy, acupuncture, and hot/cold packs. MRI results were reported to reveal multiple disc bulges in the lumbar region. Currently, the injured worker complains of intermittent neck stiffness that radiated to the left shoulder, intermittent left shoulder pain, and continuous low back pain to the left foot. Per the primary physician's progress report (PR-2) on 4/29/15, examination of the cervical spine revealed positive cervical distraction test, pain with cervical compression both left and right. There is some soreness in the shoulder with good range of motion. There is tenderness with palpation to the lumbar spine that radiated down the thigh, leg, foot on the left with a positive Kemp test. The requested treatments include multi-stim unit plus supplies, heat/cold unit (purchase), lumbar exercise rehab kit, and cervical exercise rehab kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-stim unit plus supplies (5-month rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The injured worker sustained a work related injury on 9/19/13. The medical records provided indicate the diagnosis of cervicalgia, sciatica, lumbar radiculitis, and anxiety. Treatments have included medication, physical therapy, acupuncture, and hot/cold packs. The medical records provided for review do not indicate a medical necessity for Multi-stim unit plus supplies (5-month rental). The MTUS does not recommend the use of Neuromuscular electrical stimulation (NMES devices) in the treatment of musculoskeletal injuries. It is used for treatment of stroke, but the injured worker has not been diagnosed of this stroke. Therefore, the request is not medically necessary.

Heat/cold unit (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 (ODG), Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Cold/heat packs.

Decision rationale: The injured worker sustained a work related injury on 9/19/13. The medical records provided indicate the diagnosis of cervicalgia, sciatica, lumbar radiculitis, and anxiety. Treatments have included medication, physical therapy, acupuncture, and hot/cold packs. The medical records provided for review do not indicate a medical necessity for Heat/cold unit (purchase). Although the MTUS recommends the use of ice/heat during the acute to sub-acute phases of musculoskeletal injuries for a period of 2 weeks or less, and for physicians to use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise, neither the MTUS nor the Official Disability Guidelines makes any mention of the use of this modality of treatment for chronic pain. Therefore, the request is not medically necessary.

Lumbar exercise rehab kit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Lumbar extension exercise equipment.

Decision rationale: The injured worker sustained a work related injury on 9/19/13. The medical records provided indicate the diagnosis of cervicalgia, sciatica, lumbar radiculitis, and anxiety. Treatments have included medication, physical therapy, acupuncture, and hot/cold packs. The medical records provided for review do indicate a medical necessity for Lumbar exercise rehab kit. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The official Disability Guidelines recommends Lumbar extension exercise equipment as an option. This guideline states that a recent systematic review to determine the effect of lumbar spine-strengthening exercises concluded that trunk strengthening appears effective compared with no exercise, and increasing exercise intensity and adding motivation increases treatment effects. Therefore, the request is medically necessary.

Cervical exercise rehab kit: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The injured worker sustained a work related injury on 9/19/13. The medical records provided indicate the diagnosis of cervicalgia, sciatica, lumbar radiculitis, and anxiety. Treatments have included medication, physical therapy, acupuncture, and hot/cold packs. The medical records provided for review do indicate a medical necessity for Cervical exercise rehab kit. The MTUS recommends patients be instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Therefore, the request is medically necessary.