

Case Number:	CM15-0115547		
Date Assigned:	06/23/2015	Date of Injury:	06/02/2013
Decision Date:	08/19/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 51 year old female who sustained an industrial injury on 06/02/2013. Mechanism of injury occurred when she was helping a recipient get out of the shower and she strained her right shoulder and arm as well as her back. Diagnoses include right shoulder acromioclavicular joint sprain-strain, with traumatic arthrosis of the acromioclavicular joint, cervical herniated nucleus pulposus at C5-6, and C6-7 of 3 to 4mm, thoracic sprain-strain, herniated nucleus pulposus at L5-S1 of 5mm, L3-4 and L4-5 of 3mm, right hand and wrist sprain-strain, right carpal tunnel syndrome, right DeQuervain's syndrome, left elbow overuse, anxiety, insomnia and status-post right carpal tunnel release. Her medications include Norco 10/325mg about ½ daily as needed, Prilosec 20mg twice a day, and Xanax 1mg as needed. Treatment to date has included diagnostic studies, medications, right carpal tunnel release on 12/19/2014, physical therapy, and acupuncture. She is totally temporarily disabled. A physician progress note dated 05/28/2015 documents the injured worker has mild neck pain, severe right shoulder pain, severe mid back pain, severe low back pain and mild right hand pain. Right shoulder range of motion is restricted and painful. Her pain is 3-4 on the right, and 0-4 on the left. Her right hand incision is healed and she is able to make a full fist. There is tenderness over the lumbar spine. The injured worker has gotten some benefit for her back from the X-force with solar care and a Transcutaneous Electrical Nerve Stimulation unit with a heating element. She is not interested in having her right shoulder operated on at this time. Treatment requested is for Conductive garments Qty: 2, and DME: X-force stimulator unit, Solar Care FIR heating system.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: X-force stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 118-120 of 127.

Decision rationale: Regarding the request for X force stimulator unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested X force stimulator unit is not medically necessary.

Conductive garments Qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 118-120 of 127.

Decision rationale: Regarding the request for Conductive garments Qty: 2, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for

review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment). Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested Conductive garments Qty: 2 is not medically necessary.

Solar Care FIR heating system: 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): 300, Chronic Pain Treatment Guidelines Page(s): 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Low Level Laser Therapy, Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for Solar Care FIR heating system, Chronic Pain Medical Treatment guidelines state that low level laser therapy such as red beam or near infrared therapy is not recommended. Guidelines indicate that there is insufficient evidence to support the use of this modality in the treatment of chronic pain. Regarding heat therapy, Occupational Medicine Practice Guidelines state that various modalities such as heating have insufficient testing to determine their effectiveness, but they may have some value in the short term if used in conjunction with the program of functional restoration. ODG states that heat/cold packs are recommended as an option for acute pain. Within the documentation available for review, there is no indication that the patient has acute pain. Additionally, it is unclear what program of functional restoration the patient is currently participating in which would be used alongside the currently requested heat therapy. Additionally, there is no peer-reviewed scientific literature has been provided which would overrule the guidelines recommendations which do not support infrared treatment. As such, the currently requested Solar Care FIR heating system is not medically necessary.