

Case Number:	CM15-0171131		
Date Assigned:	09/11/2015	Date of Injury:	05/18/2015
Decision Date:	12/22/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/31/2015

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

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 54 year old male, who sustained an industrial injury on 5-18-15. Medical records indicate that the injured worker is undergoing treatment for a lumbar strain, lumbar radiculitis, cervicalgia, lumbago and low back syndrome. The injured workers current work status was not identified. On (8-11-15 and 8-7-15) the injured worker complained of cervical, lumbar pain and bilateral wrist pain. The pain was described as dull, sharp, achy, throbbing, and burning. The pain was rated 5-9 out of ten on the visual analogue scale. Objective findings noted that the injured worker had pain, spasm and difficulty moving his neck. The lumbar spine examination revealed tenderness, spasms and pain that radiated to the bilateral hips, buttocks and posterior thigh to the knees, lateral leg, and feet. Swelling was noted along the dorsal wrists. Range of motion was decreased in the cervical spine, lumbar spine and bilateral wrists. Treatment and evaluation to date has included medications and chiropractic treatments. A current medication list was not provided. The current treatment request is for a heat-cold unit (Aqua Relief System), 20 packages of electrodes, leadwire #1, adapter # 1 and a 5 month rental of a Multi Stimulator Unit. The Utilization Review documentation dated 8-11-15 non-certified the request for a heat-cold unit (Aqua Relief System), 20 packages of electrodes, leadwire # 1, adapter # 1 and a 5 month rental of a Multi Stimulator Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One heat/cold therapy unit (Aqua Relief System) purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold, Number: 0297 Policy (http://www.aetna.com/cpb/medical/data/200_299/0297.html) (last accessed: 08/07/2015); <http://paintechnology.com/products/water-therapy-systems/the-aqua-relief-system-&40hotcold-therapy-pump> & (last accessed 08/07/2015) The Aqua Relief System (Hot/Cold therapy pump).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Cold packs.

Decision rationale: The ODG cites no evidence that rotating heat and cold to the lumbar is effective in treating chronic lumbar pain. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical low back 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. Based on the patient's stated date of injury, the acute phase of the injury has passed. One heat/cold therapy unit (Aqua Relief System) purchase is not medically necessary.

5 month rental of Multi Stimulator unit: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://postsurgicalrehab.com/pdf/MSUandMicroZ.pdf> (last accessed 08/07/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Multiple stimulation units are not recommended by the MTUS. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain, and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. 5 month rental of Multi Stimulator unit is not medically necessary.

20 packages of electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Multiple stimulation units are not recommended by the MTUS. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain, and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The request for a Multi Stim unit was not authorized, consequently, 20 packages of electrodes are not medically necessary.

One leadwires: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Multiple stimulation unit are not recommended by the MTUS. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain, and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. The request for a Multi Stim unit was not authorized, consequently, one leadwire is not medically necessary.

One adapter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Multiple stimulation unit are not recommended by the MTUS. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue, shoulder pain, cervical neck pain and knee pain. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration,

treatment time, and electrode-placement technique. The request for a Multi Stim unit was not authorized, consequently, one adapter is not medically necessary.