

Case Number:	CM15-0176291		
Date Assigned:	09/17/2015	Date of Injury:	07/08/2011
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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, District of Columbia, Maryland
 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 42 year old male who sustained an industrial injury on 07-08-2011 when he fell from a scaffold. According to a progress report dated 08-13-2015, the provider noted that the injured worker had been miserable over the last several months because Hysingla was not helping his pain. The injured worker reported that life was really bad due to increased pain. He reported that in the past, Morphine Sulfate was helping much more. Pain occurred on his head and radiated into his shoulders. Pain was described as sharp and caused insomnia. Without medication, pain was "disabling" at 10 on a scale of 1-10. With Hysingla, pain was not tolerable at the intensity of 7-8. When he was using Morphine Sulfate, pain was tolerable at 4-5. He denied side effects from Gralise or Morphine Sulfate. He reported fear, depression and anxiety from Hysingla. Motrin and Nuedexta were not helping his symptoms. Objective findings included moderate distress due to pain. He sat in a right tilted posture due to pain. He transferred with stiffness and guarding. Gait was antalgic. Range of motion was limited in the back in all directions. Tenderness to palpation was noted in the lumbar and cervical region. The neck was limited in range of motion due to pain. He had tight muscle band in the cervical region. Diagnoses included thoracic lumbosacral neuritis radiculitis unspecified and cervicgia. The treatment plan included continue Gralise, request authorization for a 4 lead TENS unit for pain relief, discontinue Ibuprofen and Nuedexta, start Morphine Sulfate and request authorization for a XXXXXXXXXX TP700 TPump for symptomatic control of pain symptoms. He was to remain off work until the next appointment. An authorization request dated 06-17-2015 was submitted for review. The requested services included 6 sessions of physical therapy to work on balance.

An authorization request dated 06-18-2015 was submitted for review. The requested services included Gralise, Ibuprofen, Nuedexta, Hysingla and a 4 lead TENS unit. An authorization request dated 08-20-2015 was submitted for review. The requested services included Gralise, Morphine Sulfate and [REDACTED] TP700 TPump localized warming and cooling. On 08-26-2015, Utilization Review non-certified the request for one 4-lead TENS unit and one [REDACTED] TP700 TPump for localized warming and cooling therapy and authorized the request for MSO4 50 mg #60 and Gralise 600 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) 4-lead TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Per the medical records, it was noted per progress report dated 3/19/15 that the injured worker was already utilizing a TENS unit and stated that he had an improvement in his pain with it. The documentation did not provide a rationale as to why a 4-lead TENS unit was requested. Absent a compelling reason for the request, medical necessity cannot be affirmed. The request is not medically necessary.

One (1) [REDACTED] TP700 Tpump for localized warming and cooling therapy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, Heat Therapy and Other Medical Treatment Guidelines <https://www.stryker.com/en-us/products/PatientHandlingEMSandEvacuationEquipment/TemperatureManagement/TPump/index.htm>.

Decision rationale: Per internet search, the [REDACTED] T/Pump unit provides localized warming and cooling therapy with precise temperature control. The MTUS ACOEM p 308 considers at-home applications of local heat or cold to low back an optional physical treatment method for

evaluating and managing low back complaints. Per the ODG guidelines, "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. (Nadler-Spine, 2002) (Nadler, 2003) (Lurie-Luke, 2003) (Berliner, 2004) (Lloyd, 2004) One study compared the effectiveness of the [REDACTED] Back Plaster, the [REDACTED] Warne-Pflaster, and the [REDACTED] ThermaCare HeatWrap, and concluded that the ThermaCare HeatWrap is more effective than the other two. (Trowbridge, 2004) Active warming reduces acute low back pain during rescue transport. (Nuhr-Spine, 2004) Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. (Mayer-Spine, 2005) There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function." Heat therapy is recommended in acute pain and not for chronic pain, as the injured worker presents with chronic back pain, medical necessity cannot be affirmed. The request is not medically necessary.