

Case Number:	CM15-0068903		
Date Assigned:	04/16/2015	Date of Injury:	04/25/2011
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 46 year old male, who sustained an industrial injury on 4/25/11. The injured worker has complaints of low back pain with stiffness and spasms that radiates into the left leg with occasional numbness, cramping, buckling and limping. The diagnoses have included discogenic lumbar condition with disc bulging and protrusion at L2, L3, L4, L5 and protrusion at L4-L5 and L5-S1; hip joint inflammation of the left and chronic pain. Treatment to date has included electromyography of bilateral lower extremities; cane; transcutaneous electrical nerve stimulation unit; back brace; medications and physical therapy. The request was for interferential or muscle stimulator for the lower back; hot and cold wrap for the lower back and laboratory services blood testing for comprehensive metabolic panel and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF or muscle stimulator for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 118-119.

Decision rationale: Interferential current stimulation (ICS) is not recommended as an isolated intervention. 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. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, or the pain is unresponsive to conservative measures. In this case, there is no documentation that the ICS unit is intended for use in conjunction with other recommended therapies. The request is not medically necessary.

Hot and Cold Wrap for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar and Thoracic, Cold/heat packs.

Decision rationale: MTUS does not address this topic. Cold/heat packs are recommended as an option for acute pain. At-home local applications of cold packs are recommended in first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. While heat and cold packs are useful for low back pain, there is no recommendation that a Hot and Cold unit is necessary to supply the heat and cold applications to the affected area. Sufficient heat and cold can be applied with the use of hot packs, cold packs, or heating pad. There is no medical necessity for Hot and cold unit. The request is not medically necessary.

Laboratory services blood testing for comprehensive metabolic panel, CBC, UA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient.

Decision rationale: Complete blood count is a blood test that gives information on hemoglobin, white blood cells, and platelets. Anemia is present in approximately 1 percent of asymptomatic patients. The frequency of significant unsuspected white blood cell or platelet abnormalities is low. In this case, the patient has no symptoms of anemia, white blood cell abnormalities, or platelet abnormalities. CBC is not recommended. Chem panel is a blood test that measures renal function, blood glucose, and electrolytes. Mild to moderate renal impairment is usually asymptomatic; the prevalence of an elevated creatinine among asymptomatic patients with no history of renal disease is only 0.2 percent. The frequency of unexpected electrolyte abnormalities is low (0.6 percent in one report). The frequency of glucose abnormalities increases with age; almost 25 percent of patients over age 60 had an abnormal value in one report. In this case, the patient has known diabetes, no symptoms of renal disease or electrolyte abnormality. Chem panel is not recommended. Urinalysis is indicated when screening for urinary tract infection in symptomatic patients and for screening for renal disease. In this case, the patient does not have symptoms of infection or renal disease. Urinalysis is not recommended. The request is not medically necessary.