MAXIMUS Federal Services

Case Number:	CM15-0074345		
Date Assigned:	04/24/2015	Date of Injury:	07/26/2012
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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, New York, 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 applicant is a represented 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 22, 2012. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve requests for a hot and cold unit and a multi-stimulator unit with associated five months worth of supplies. The claims administrator referenced an office visit of March 11, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated January 30, 2015; eight sessions of physical therapy were proposed. In an associated progress note of January 12, 2015, the applicant reported ongoing complaints of low back pain. The applicant had already had permanent work restrictions imposed, it was acknowledged. The applicant had been off of work for the preceding month, it was acknowledged. Additional chiropractic manipulative therapy was endorsed. It was stated that the applicant would be returned to regular duty work on this date. The applicant was using Motrin and Skelaxin for pain relief. In an RFA form dated March 11, 2015, a multi-stimulator unit and a hot-cold unit were proposed. In an associated Doctor's First Report (DFR) of the same date, March 11, 2015, the applicant apparently transferred care to a new primary treating provider reporting 7/10 low back pain. The applicant was given topical compounds and other unspecified medications. Lumbar MRI imaging, functional capacity testing, and electro diagnostic testing of bilateral lower extremities were proposed in conjunction with the multi-stimulator unit and hot and cold unit in question. A 20-pound lifting limitation was endorsed on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heat/ cold unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: No, the hot and cold unit purchase was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the low back. While the MTUS Guideline in ACOEM Chapter 12, Table 12-5, page 299 does support at-home local applications of heat and cold as methods of symptom control for low back pain complaints, as were present here on or around the date in question, ACOEM does not, by implication or analogy, support high-tech devices for administering heat therapy and/or cryotherapy, as was proposed here. The Third Edition ACOEM Guidelines take a stronger position against such devices, explicitly noting that high-tech devices for the purposes of delivering cryotherapy are deemed not recommended. Here, the attending provider failed to furnish a compelling applicant-specific rationale for selection of this particular device in the face of the unfavorable ACOEM positions on the same. It was not clearly established why low-tech, at-home cryotherapies would not suffice here. Therefore, the request was not medically necessary.

Multi Stim Unit plus supplies 5-month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation MSU Multi Stim Unit FEATURES: Three forms of therapy: T.E.N.S., Interferential, and Neuromuscular Stimulator Five pre-set patient friendly protocols Three programmable clinician set protocols.

Decision rationale: Similarly, the multi-stimulator unit with associated five months worth of supply was likewise not medically necessary, medically appropriate, or indicated here. The multi-stimulator device, per the product description, is an amalgam of conventional TENS therapy, interferential stimulation, and neuromuscular electrical stimulation (NMES). However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES), one of the modalities in the device, is not recommended outside of the post-stroke rehabilitative context. Here, however, there was no evidence that the applicant had sustained a stroke. Page 121 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that neuromuscular stimulation is not recommended in the chronic pain context present here. Since one modality in the device is not recommended, the entire device is not recommended. Therefore, the request was not medically necessary.