

Independent Medical Review Final Determination Letter

3136

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0023580	Date of Injury:	12/24/2010
Claims Number:	[REDACTED]	UR Denial Date:	08/12/2013
Priority:	STANDARD	Application Received:	09/12/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
X-FORCE STIMULATOR (TENS UNIT) FOR 30 DAYS RENTAL, SOLAR CARE INFRORED HEATING PAD FOR PURCHASE			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49-year-old female who reported an injury on 12/24/2012 after falling off a moving metal step stool. The patient was treated with physical therapy that caused an increase in pain. The patient was prescribed medications. The patient underwent an MRI that revealed there was a disc protrusion with mild to moderate facet hypertrophy at the L3-4, disc bulge with moderate facet and ligamentous hypertrophy at the L4-5, and mild to moderate facet hypertrophy at the L5-S1. The patient underwent an EMG that revealed left-sided radiculopathy. Physical findings included tenderness to the spinous process from the L3 level to the sacrum. No sensory deficits were noted; however, the patient did have a straight leg raising test bilaterally. The patient's diagnoses included degenerative facet disease at the L3-4, L4-5, and L5-S1 levels with mild disc protrusions with radiculopathy. The patient's treatment plan included facet injections and subsequent radiofrequency ablation.

IMR DECISION(S) AND RATIONALE(S)

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

1. Solar care infrared heating pad for purchase is not medically necessary and appropriate.

The Claims Administrator based its decision on the [[Insert Guidelines used]].

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Chapter 12, page 308, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested solar care infrared heating pad for purchase is not medically necessary or appropriate. The patient does have chronic low back complaints. The American College of Occupational and Environmental Medicine states that "at home local applications of cold in the first few days of acute complaint; thereafter, applications of heat or cold are recommended for the treatment of low back disorders." Although application of heat would assist in pain relief of the patient's chronic low back pain, the clinical documentation submitted for review does not address why the use of a solar care infrared heating pad would be superior to a regular electrical heating pad. The documentation submitted for review does not identify how an infrared heating pad would contribute to the patient's ability to function. Therefore, the request for solar care infrared heating pad for purchase is not medically necessary or appropriate.

2. X-Force stimulator (TENS unit) rental for 30 days is not medically necessary and appropriate.

The Claims Administrator based its decision on the [[Insert Guidelines used]].

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, TENS, page 116, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The requested X-Force stimulator (TENS unit) rental for 30 days is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend 1 month trial of a TENS unit in combination with a functional restoration program. The clinical documentation submitted for review does not provide evidence that the patient is participating in any active therapy. The clinical documentation submitted for review does indicate that the patient should continue conservative treatment as determined by the primary treating physician. However, that conservative treatment is not clearly identified. Therefore, there is no way to determine whether a TENS unit will be used as an adjunct therapy. As such, the requested X-Force stimulator (TENS unit) rental for 30 days is not medically necessary or appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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