

Case Number:	CM13-0008353		
Date Assigned:	09/11/2013	Date of Injury:	02/28/2013
Decision Date:	01/29/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/07/2013

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 Occupational Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain syndrome, chronic pain in multiple body parts, and bilateral upper extremity pain reportedly associated with cumulative trauma at work first claimed on February 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report of July 24, 2013, the claims administrator denied a request for cognitive behavioral therapy citing the fact that the claim had not been accepted for mental health issues. Cervical traction unit and a TENS unit were also denied. The applicant's attorney later appealed. In an August 19, 2013 note, it is stated that the applicant reports persistent neck pain radiating to the upper extremities. The applicant is apparently receiving Soma from his neurologist, it is stated. Tenderness is noted about the cervical spine and paraspinal musculature as well as the elbow. The applicant is asked to continue acupuncture, employ Soma, and obtain a cervical traction unit. Cognitive behavioral therapy is sought. Tramadol is discontinued. The applicant is asked to remain off of work. A TENS unit rental is apparently being sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 8, there is no high-grade evidence to support the effectiveness of passive therapy such as traction. While these palliative tools may be used on a trial basis, they should be watched closely. In this case, however, the attending provider was seeking a purchase of the traction device without an intervening trial of the same. This was not indicated. Therefore, the request is not certified.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic intractable pain Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial of TENS unit should be successfully undertaken before purchase of the TENS unit is considered. In this case, the attending provider sought the purchase of the device without an intervening one-month trial of said TENS unit. This is not indicated. Therefore, the request is not certified.