MAXIMUS Federal Services

Case Number:	CM13-0017212		
Date Assigned:	10/11/2013	Date of Injury:	12/21/2010
Decision Date:	03/10/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/27/2013

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; cervical MRI imaging of May 11, 2012, notable for mild low-grade multilevel spondyloarthropathy of the cervical spine; and transfer of care to and from various providers in various specialties. In a utilization review report of August 19, 2013, the claims administrator denied a request for cervical MRI imaging, a transcutaneous electrical nerve stimulation (TENS) unit rental, a cervical traction rental, and Naprosyn. Neurontin was partially certified, apparently for weaning purposes. The applicant's attorney subsequently appealed. An earlier progress note of August 12, 2013 is notable for comments that the applicant reports persistent upper back and neck pain. The applicant has neck tightness, pain, decreased strength in the hands, tingling about the fingertips, it is stated. She reports her pain as 7/10. Upper extremity strength ranges from 3/5 to 5/5 with some hyposensorium noted about the median nerve distribution. A repeat cervical MRI imaging, a TENS unit, and a traction device trial are all endorsed. Neurontin is endorsed for neuropathic pain purposes. The applicant's work status is not clearly detailed. In an appeal letter of October 16, 2013, the attending provider writes that usage of medications, including Naprosyn and gabapentin, has generated 80% to 90% reduction in pain and paresthesias.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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, Table 8-8, MRI imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical findings, in preparation for an invasive procedure. In this case, however, the applicant does have evidence of nerve root compromise, upper extremity paresthesias, etc.; however, there is no indication that she would act on the results of the MRI. There is no indication that she is actively considering or contemplating any kind of surgical intervention or interventional procedure. Earlier cervical MRI imaging of 2012 was largely unremarkable, as noted above. It is not clear why repeat MRI imaging is being sought. The attending provider does not proffer any commentary that the applicant is a candidate for any kind of surgical remedy here. Accordingly, the request remains non-certified, on independent medical review.

one (1) month rental of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 173-174, 265, 371.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116.

Decision rationale: While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does tepidly support usage of TENS units in those individuals with chronic intractable pain of greater than three months' duration who have tried and failed other appropriate pain modalities, including pain medications, in this case, however, an alternate treatment modality, traction, has been approved below. It would be more appropriate to gauge the claimant's response to the same as opposed to pursuing multiple modalities in parallel. It is further noted that the attending provider's documentation seemingly suggests that the applicant is responding favorably to the medications in question. For all of these reasons, then, the proposed TENS unit one-month rental trial is not certified.

one (1) month home rental of a cervical traction unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

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, palliative tools such as traction may be used on a trial basis but should be monitored closely, with emphasis appropriately placed on functional restoration and return of applicants to normal activities of daily living. In this case, then, a one-month trial of the traction device is indicated, given the applicant's incomplete response to other treatments. Accordingly, the original utilization review decision is overturned. The request is certified.

one (1) prescription of Naproxen 500mg, #60 with one (1) refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Section Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naproxen are considered the traditional first-line of treatment for various chronic pain conditions including the chronic neck pain reportedly present here. The information on file suggests that the applicant has responded favorably to prior usage of the same. Diminished pain scores and improved ability to perform activities of daily living were reported. Continuing the same, on balance, is therefore indicated. Accordingly, the request is certified, on independent medical review.