

Case Number:	CM13-0024428		
Date Assigned:	11/20/2013	Date of Injury:	01/15/2012
Decision Date:	02/11/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/13/2013

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 patient is a 45 year-old injured worker with a work-related injury on 01/15/2012, re-injuring a chronic neck condition. The 08/27/2013 PTP, notes patient complains of increasing neck pain and stiffness, increasing right should pain and stiffness. AME recommended a TENS Unit, patient feels a second anesthesia procedure (acupuncture) would help with their pain which helped previously, but pain came back after treatment ended. Exam findings revealed neck motion restricted, right shoulder pain to palpation greater over biceps tendon, acromioclavicular joint, deltoid and rotator cuff tendons, right shoulder motion restricted with flexion to 90 degrees and abduction to 60 degrees, good strength, impingement positive. Diagnosis included Arthropathy of cervical facet; cervical sprain/strain; Headache; Tear of rotator cuff; Head Injury without Coma. The treating provider recommended Tens Unit as recommended by AME for pain control; Interventional Anesthesia Consultant to be evaluated for Interventional Anesthesia Procedure for pain control; prescription for Elavil 50mg; Neurotin 300 mg; Propylene Glycol Soln 0.q mL with Lidocaine; and Zanaflex 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interventional anesthesia consultant: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, pg. 127.

Decision rationale: The California MTUS does not specifically address consultation, however ACOEM Guidelines, Chapter 7, page 127, states, "the occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, when the plan or course of care may benefit from additional expertise." . The UR denied this consultation stating that an AME evaluation was pending. However, an AME evaluation does not take the place of a treating physician's consultation as the goals of the two evaluations are different and the AME personally treats the patient. The records indicate the patient has had cervical epidural steroid injections with little benefit, as well as facet nerve blocks and radiofrequency ablation (which the patient received outside of their WC insurance). The records also indicate these procedures did not give much benefit. The patient's current situation is complex with these multiple procedures. The request for an interventional anesthesia consultant is medically necessary and appropriate

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: This patient has been recommended a TENS unit for their cervical pain and radiculopathy. There is no indication in the current records the patient has used a TENS unit prior to the request. The MTUS Chronic Pain Medical Treatment Guidelines do allow for a TENS unit to treat this condition; however it has specific criteria that must be met in order to begin use. This includes failure of other treatments and a one month trial of TENS. There is documentation of failed treatments but there is no documentation of a trial of TENS. The request for a TENS unit purchase is not medically necessary and appropriate.