

Case Number:	CM13-0025820		
Date Assigned:	11/20/2013	Date of Injury:	10/04/2008
Decision Date:	02/18/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice and is licensed to practice in Maryland and Texas. 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 49-year-old male who reported a work-related injury on 10/04/2008. The specific mechanism of injury was not stated. The patient subsequently presents for treatment of the following diagnoses: chronic neck pain, chronic thoracic back pain, multi degenerative cervical discs, T7 to T10 disc herniation's, and pain induced depression. The clinical note dated 08/28/2013 reports the patient was seen under the care of [REDACTED]. The provider documents upon physical exam of the patient, the patient reports diffuse right neck and right upper extremity pain. Palpation demonstrated slight tenderness along the posterior neck. Spurling's maneuver was positive with complaints of neck pain radiating down the spine. The provider documented right cervical nerve stretch test was positive with complaints of neck pain radiating along the right upper extremity. The provider documented multiple requests for the patient to include epidural steroid injections, replacement for a TENS unit, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement tens and electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with cervical spine pain complaints status post a work-related injury sustained over 5 years ago. The provider documents the patient is requesting replacement pads and leads for the patient's permanent home TENS unit. However, documentation of the patient's reports of efficacy with this intervention was not evidenced in the clinical notes reviewed. As there was no documentation indicating the patient's reports of efficacy as evidenced by a decrease in rate of pain on a VAS scale and increase in objective functionality with utilization of a TENS unit. There was no indication of how often the patient utilizes the unit as well as outcomes in terms of pain relief and function per California MTUS to support this DME. Given all the above, the request for replacement tens and electrodes is neither medically necessary nor appropriate.

Cervical epidural injection C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The current request is not supported. The patient presents 5 years status post a work-related injury, with continued complaints of cervical spine pain as well as radiation of pain to the right upper extremity. The provider is recommending the patient utilize injection therapy; however, documentation of whether or not the patient has previously utilized injection therapy was not evidenced in the clinical notes reviewed. Furthermore, MRI of the cervical spine dated 08/29/2011 revealed, specifically at C7 to T1, a mild right lateral focal disc protrusion; however, evidence of any nerve root involvement was not indicated. The California MTUS states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the above, the request for Cervical epidural injection C7-T1 is neither medically necessary nor appropriate.

Aquatic Therapy 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 22, 98-99.

Decision rationale: The current request is not supported, as California Medical Treatment Utilization Schedule (MTUS) indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The clinical notes did not indicate when the patient last utilized supervised therapeutic interventions or the efficacy or duration of treatment. The provider documents in the clinical note dated 08/28/2013 that the patient was specifically requesting aquatic therapies. However, given the above, the request for Aquatic Therapy 8 sessions is neither medically necessary nor appropriate.

