

Case Number:	CM13-0035514		
Date Assigned:	12/13/2013	Date of Injury:	04/11/2011
Decision Date:	02/05/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 58 year-old female with a date of injury on 4/11/11. [REDACTED] 9/24/13 report lists the patient's diagnoses as spinal cord injury with myelopathy status post cervical injection, neuropathic pain bilateral upper extremities, cervical radiculopathy, cervical stenosis, and situation anxiety/depression. The patient complains of burning pain in both upper extremities with intermittent shooting pain into the hands, right greater than left. [REDACTED] also notes diminished grip strength with pincher and intrinsic muscle weakness decreased in both hands, right greater than left. He also mentions that a cervical traction device and TENS unit were both used during physical therapy and both provided as much as 50% or greater reduction in radiating pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The MTUS guidelines on TENS units state that a one-month home-based TENS trial is appropriate when used in conjunction with evidence-based functional restoration for conditions such as neuropathic pain. There is no evidence of a successful transition to a home-based exercise program and this request is for a purchase, both of which are criteria required for approval. It is also important to note that the use of a TENS unit during physical therapy does not constitute a home-based trial, irrespective of any pain reduction. Therefore, the TENS unit purchase is not medically necessary or appropriate.

Home traction unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Shoulder.

Decision rationale: The ACOEM guidelines state that there is no evidence to support the effectiveness or ineffectiveness of traction and these tools may be used on a trial basis but should be monitored closely. The Official Disability Guidelines provide a more thorough discussion regarding C-spine traction and do provide evidenced based support of patient controlled home traction devices. The guidelines suggest using a seated over-the-door device or a supine device for patients with radicular symptoms in conjunction with a home exercise program. The Saunders Cervical Traction HomeTrac Device requested by [REDACTED] is a patient controlled, supine traction device. This unit is specifically discussed in the ODG as something that can be tried. Therefore, the requested home traction unit purchase is medically necessary.