MAXIMUS Federal Services

Case Number:	CM13-0036902		
Date Assigned:	06/27/2014	Date of Injury:	02/15/2011
Decision Date:	08/12/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 expert 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 injured worker is a 65-year-old female who reported an injury on 02/15/2011 due to an attempt at trying to catch her falling employer. Her employer tripped while walking with her walker and the injured worker reached out, grabbing her from behind, unable to prevent her from falling. The injured worker complained of pain in her left shoulder, her neck, lower back on the left side and her left leg. There was no measurable pain level documented. Physical examination of the shoulder on 03/06/2014 showed normal symmetry and movement of the shoulders with rocking. The contour and posture were symmetrical on the right and left side. Palpation showed no tenderness over the sternum, clavical, humerus, scapula, acromion, coracoid process, or the cervical spine. Abduction and adduction were normal ranges. Flexion, extension, internal rotation, and external rotation were all within normal limits. Motor strength revealed that abduction, flexion, adduction, external rotation, internal rotation, scapular elevation and entire shoulder girdle were 5/5 to the right and the left side. Exam of the lumbar spine revealed minimal tenderness to palpation of the midline lumbar spinous process. There was minimal tenderness to palpation along the paraspinous muscle and sacrococcygeal area. There was no muscle spasm or guarding. Range of motion on flexion, extension, right side bending and left side bending were all in normal range. Tendon reflexes to the knee were 2+ on the right and the left side. Deep tendon reflexes of the ankle were 2+ on the right and the left. Clonus and Babinski were negative to the right and the left. The injured worker has had diagnostic testing of x-rays of the cervical spine, left shoulder, and lumbosacral spine. The injured worker has also had an MRI on the lumbar spine, left shoulder, thoracic spine, and MRI of the cervical spine. The injured worker has undergone left shoulder subacromial course of injection under ultrasound, transfacet epidural steroid injection, orthostimulation, physiotherapy, physical therapy, pain management evaluation, and medication therapy. Medications include hydrocodone

2.5/325 tablets 1 tablet by mouth every 12 hours, cyclobenzaprine HCl 7.5 mg, and omeprazole 20 mg capsules. The current treatment plan is for DME purchase of TENS unit plus supplies and traction unit for cevical and lumbar spine. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for DME purchase of TENS Unit is non-certified. The injured worker complained of pain in her left shoulder, her neck, her lower back on the left side and left leg with radiating pain posteriorly. No measurable pain documented. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day. The submitted report lacked quantified evidence that the injured worker had any functional deficits due to neuropathic pain. The submitted documents also lacked evidence of at least 3 months of documented pain and failed conservative care. The submitted report indicated that the injured worker's last Dr. visit was in December 2013. Guidelines recommend initial rental of a TENS unit for 30-days before purchase. The request is for the purchase of a TENS unit, exceeding guideline recommendations of an initial 30-day rental. Furthermore, guidelines also state that proposed necessity of the unit should be documented. The request does not specify where the unit will be used. As such, the request for DME purchase of TENS unit is non-certified.

Electrodes X12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested primary service is not supported by the documentation, the requested associated service is also not supported.

Batteries X18: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested primary service is not supported by the documentation, the requested associated service is also not supported.

Adhesive remover X24: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested primary service is not supported by the documentation, the requested associated service is also not supported.

Lead wires X2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested primary service is not supported by the documentation, the requested associated service is also not supported.

Traction unit for cervical and lumbar spine: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for Traction unit for cervical and lumbar spine is non-certified. The injured worker complained of pain in her left shoulder, her neck, her lower back on the left side and left leg with radiating pain posteriorly. No measurable pain documented. CA MTUS/ACOEM state that traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Guidelines also state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should

focus on functional restoration and return of patients to activities of normal daily living. The submitted report lacked any level of pain on the injured worker. The documents submitted showed that the injured worker had undergone physical therapy, but there was no documentation showing whether it had helped any functional deficits the injured worker may have had. Most recent submitted progress report dated 03/06/2014 showed that all range of motion, motor strengths, and tests were within normal limits. There was no documentation as to any limitations or functional deficits that the injured worker is having at the present moment. Furthermore, CA MTUS/ACOEM Guideline recommendations do not recommend the use of traction units. As such, the request for a traction unit for cervical and lumbar spine is non-certified.