

<b>Case Number:</b>	CM13-0039541		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Family Medicine, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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:

This 46 year old worker injured October 5, 2009 had an anterior cervical discectomy November 1, 2012. She has ongoing neck pain and headaches. A CT scan of her cervical spine on 6/5/13 showed solid fusion C5-6 and C6-7, and a 3mm anterolisthesis at C3-4 with encroachment on the right foramen and compromise of the right nerve root. At C4-5, there were arthritic changes of the facet joints with encroachment on the posterior aspects of the left foramen. An MRI of the cervical spine on 7/27/13 showed no residual stenosis status post cervical discectomy and fusion C5-6 and C6-7. There was mild central stenosis C3-4 due to disc osteophyte and mild central stenosis at C4-5 due to central protrusion without significant change. There was multiforaminal narrowing. She had an orthopedic visit on 9/7/13. At the time she complained of 9/10 pain in the neck. Her motor exam revealed 5/5 strength throughout both upper extremities. Range of motion of the cervical spine was 60% normal. The impression was 9 months status post anterior cervical discectomy and fusion at C5 through C7 with slight residuals that are improving. TENS and acupuncture were recommended. Later in that same month, she had a visit with her primary treating physician. It was reported that she feels a little better, is not working, has 9/10 neck pain, and constant headache.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT:** Upheld

**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 Page(s): 173-174, Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 114-116.

**Decision rationale:** TENS is indicated for chronic intractable pain from neuropathic pain, phantom limb pain, spasticity, or multiple sclerosis. The MTUS states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as TENS. TENS 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. TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. In this case there is no indication of a functional restoration program such as physical therapy; therefore, TENS is not medically necessary.

**ACUPUNCTURE SESSIONS 2 TIMES PER WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The time for acupuncture to produce functional improvement is 3-6 treatments. The frequency should be 1-3 times a week over the course of 1-2 months. Treatments may be extended if functional improvement is documented. Therefore more than 6 treatments is not medically necessary, as that exceeds the initial trial period. The request is not medically necessary.

**PRESCRIPTION OF PRILOSEC 20MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 68.

**Decision rationale:** Omeprazole (Prilosec) or another proton pump inhibitor is indicated with a non-selective NSAID in patients at intermediate risk for gastrointestinal events. There was no documentation to suggest this worker has risks for gastrointestinal events. Therefore, Prilosec is not medically necessary.

**PRESCRIPTION OF NORCO 10/325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29-9792.26 Page(s): 78-80.

**Decision rationale:** Opioids are not recommended for headaches. Opioids for neck pain are not specifically mentioned in the MTUS, but they are efficacious for chronic back pain, though limited for short term pain relief (16 weeks). Opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. This worker was 9 months status post surgery. Opioids can be continued if this had resulted in the patient returning to work and/or having improved functioning and pain; however, neither condition has been met. It is stated that the patient is not working. Her pain still remains at 9/10. As such, the request is not medically necessary.