

Case Number:	CM13-0045454		
Date Assigned:	12/27/2013	Date of Injury:	12/30/2011
Decision Date:	04/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, has a subspecialty in Pain 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 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 is a 43-year-old male who sustained injury on 12/30/2011 when he was involved in a MVA. He injured multiple areas including right shoulder, neck, mid back, and lower back. His treatment history includes physical therapy, chiropractic treatment, acupuncture treatment, cervical ESI. He was treated with medications such as Naprosyn, Cyclobenzaprine, Myoflex, and Tramadol. He had cervical MRI that showed, "Mild cervical spondylosis resulting in mild spinal stenosis at C5-6 and C6-7. A report dated 09/10/2013 by [REDACTED] indicates he presented with complaints of neck, upper back, mid back, shoulders, and lower back pain associated with numbness and tingling in his arms and small/ring fingers. He reported some difficulties performing ADLs. On physical exam, there was no atrophy in upper and lower extremities. On cervical spine exam, there was tenderness on palpation over posterior cervical and trapezius, negative all orthopedic testing, cervical ROM decreased, normal 5/5 strength and 2+ reflexes in bilateral upper extremities, and sensation normal. On lumbar spine exam, there was tenderness and spasms on palpation over lumbar paraspinal musculature, positive SLR bilaterally, lumbar ROM decreased, negative Waddell signs, normal 5/5 strength, decreased L5 and S1 sensation bilaterally, 2+/4 reflexes in bilateral lower extremities. Diagnosis was cervical sprain/strain and disc protrusions at C5-6 and C6-7 and lumbar annular tear with spinal instability at the L5-S1 segment. He was recommended anterior decompression and interbody arthrodesis at the L5-S1 segment, which was performed on 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MONTH RENTAL OF AN INTERFERENTIAL STIMULATOR WITH SUPPLY OF ELECTRODE AND CONDUCTIVE GARMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular stimulator (NMES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), page 118-120 Page(s): 118-120.

Decision rationale: As per the CA MTUS guidelines, it is not recommended as an isolated intervention due to no quality evidence of effectiveness. Further, guidelines indicate, "randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and post-operative knee pain... The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." Thus, the request is non-certified.

CERVICAL TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Traction of the Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Neck and Upper Back (Acute and Chronic), Traction

Decision rationale: CA MTUS has no information regarding traction unit. As per ODG, the use of cervical traction is recommended for mild to moderately severe cervical spinal syndromes with radiculopathy. The documentation provided showed that he had no abnormal objective findings of neurological deficits. The DTRs, sensory exam, and motor exam were normal. The MRI findings submitted showed cervical spondylosis resulting in mild spinal stenosis at C5-6 and C6-7. ODG also recommends indicates, " there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." Furthermore, it is unclear why the cervical traction unit is requested. Thus, the request is non-certified.

PRESCRIPTION OF NAPROXEN 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 67-68 & Anti-inflammatory medications, page.

Decision rationale: As per CA MTUS, "anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." There is documentation that he has been taking this medication in the past and there is insufficient evidence for long-term use of this medication. Guidelines only recommend as an option for short-term symptomatic relief. Thus, the request is non-certified.