

Case Number:	CM13-0045753		
Date Assigned:	12/27/2013	Date of Injury:	02/29/2012
Decision Date:	07/30/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/02/2013

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 and is licensed to practice in 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 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 patient is a 29-year-old female with injury date of 2/29/2012. She is followed for neck and right upper extremity pain. The MRI of the cervical spine on 2/18/2013, revealed the impression: Straightening of the normal cervical lordosis specific, query positioning versus muscle spasm and no significant degenerative changes. The neural foramina and central canal are patent throughout. The EMG/NCV dated 2/25/2013 revealed the impression: Normal electrodiagnostic study, no evidence of cervical radiculopathy, no evidence of plexopathy and no evidence of focal mononeuropathy or generalized polyneuropathy. The patient was seen for a follow-up evaluation on seen for follow-up on 11/06/2013, for complaints of neck pain radiating down the right arm, and mid back pain. She is taking medications as prescribed, and state medications are working well, no side effects reported. She had completed PT with good benefit, therapist is requesting more sessions. She is not currently working since work restrictions could not be accommodated. She states she is working with her employer for reassignment to a new position that can accommodate her restrictions. Current medications are Nucynta, ibuprofen, Lidoderm 5% patch, and Neurontin. Physical examination reveals restricted cervical range of motion, tenderness, trigger point, limited right shoulder range of motion, tenderness of the right wrist, shoulder and elbow, 5/5 motor strength except for 4/5 right wrist and right shoulder strength, 5-/5 right elbow, decreased sensation over the right C5, C6 and T1 dermatomes and symmetrical reflexes. Diagnoses: cervical radiculopathy cervical pain, shoulder pain, medial epicondylitis, and wrist pain. She has completed 4 PT sessions. With PT she notes sleeping better, increased strength and less pain. Additional 6 PT sessions are requested. So The medications are continued. The patient is requesting to resume Lidoderm medication, with Lidoderm, pain is reduced from 9/10 to 5/10 and she can perform ADLs with less pain. Claims she is using TENS unit 3-4 times per day with 50% pain relief, continue ice packs for spasms and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT, 30 DAY TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: According to the California MTUS guidelines, 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, for the following conditions: neuropathic pain, phantom limb pain and CRPS II, multiple sclerosis, and spasticity. The patients EMG/NCV study was normal. The medical records do not establish that the patient is a viable candidate for a TENS unit trial, as there is no evidence in the medical records that she has any of these conditions. Furthermore, although the medical report states the patient has 50% reduction in pain with use of TENS, there is no objective evidence that pain reduction and improved function has been obtained. The patient has not reduced or discontinued medications, in fact she requests additional medications which she claims provided nearly 50% reduction in pain and improved function. There are clearly inconsistencies regarding what is effective in pain control. The medical necessity of the request is not established.

ICE PACKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 44, 173.

Decision rationale: The guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat/cold applications. The guidelines suggest at-home local applications of cold packs during first few days of acute complaints; thereafter, application of heat packs. Simple at home applications of cold/ice packs are thought to suffice for delivery of cold therapy. The patient is more than 2 years post date of injury. It is reasonable that the patient already has access to cold application. There does not appear to be rationale for ice packs for this remote injury.