

Case Number:	CM13-0059373		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2010
Decision Date:	04/01/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 45 year old injured worker who was injured on 01/04/2010 while she was walking by a grooming table and holding on to a leash with her right hand with a large dog. The dog was pulling her. With the pull from the dog, she was thrown off balance and she fell backwards. She was able to brace herself with her left arm, but she had posterior straining of her neck and low back as she did that maneuver. The left arm took the force which kept her from falling. Prior treatment history has included chiropractic treatments which did not help her, physical therapy treatments with TENS unit which helped her when she used it and epidural injections which provided only minimal relief. The patient also had acupuncture which she felt helped her become more relaxed. Diagnostic studies reviewed include MRI images of the cervical spine performed 04/14/2011 indicated disc bulges with desiccation and collapse at the C5-C6 and at the C6-C7 levels. MRI scan of the lumbar spine performed 04/14/2013 revealed L5-S1 with 2-3 mm right paracentral protrusion; peripheral annular fissure with tear. EMG and nerve conduction study, bilateral upper extremities and cervical paraspinal muscles, 08/12/2010 revealed a normal study with no evidence of cervical radiculopathy, ulnar or medial nerve neuropathy. Follow up report dated 08/29/2013 documented the patient to have complaints of neck pain with radiculopathy in the upper extremities with numbness, tingling, and weakness. Objective findings on exam revealed spasm, tenderness, and guarding was noted in the paravertebral muscles of the cervical spine along with decreased range of motion; decreased dermatomal sensation over the bilateral C6 dermatomes. Follow up report dated 10/23/2013 documented the patient returned with continued significant neck pain radiating into the upper extremities with pain, paresthesia, and numbness. Objective findings on exam revealed spasm, tenderness, and guarding was noted in the paravertebral musculature with loss of range of motion. There was decreased sensation noted bilaterally in the C5 and C6 dermatomes with

pain. Given the patient has had significant continued pain despite conservative management and has had only minor relief from the epidural steroid injections, surgical intervention was warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-Tech Multi Stim unit plus 3 months supplies for cervical/lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the multi simulator would not be recommended as a primary treatment modality, but a one-month trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Based on the medical records provided for review the patient does not have any ongoing or planned evidence based functional restoration programs planned for this time period. It further states that "Although electrotherapeutic modalities are frequently used in the management of CLBP, few studies were found to support their use." The request for three months supplies would also be outside the recommended one month trial. Pro-Tech Multi- Stim unit plus 3 months supplies for the cervical/lumbar are not medically necessary and appropriate.