MAXIMUS Federal Services

Case Number:	CM13-0061884		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2010
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 53-year-old female who reported an injury on 12/19/2010. The mechanism of injury was not provided. Current diagnoses include lumbar radiculopathy, cervical radiculopathy, cervical disc degeneration, chronic pain, and insomnia. There was no Physician's Progress Report submitted on the requesting date. The most recent Physician's Progress Report submitted for this review is documented on 11/05/2013. The injured worker reported persistent lower back pain with radiation to the bilateral lower extremities, neck pain with radiation to the bilateral upper extremities, and numbness. The injured worker has been previously treated with a cervical epidural steroid injection and is awaiting authorization for physical therapy. Physical examination revealed moderately reduced lumbar range of motion, spinal vertebral tenderness, myofascial tenderness, limited cervical range of motion, cervical myofascial tenderness, and no changes to sensory or motor examination. Treatment recommendations included a follow-up in 1 month.

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 Chronic Pain Treatment Guidelines SECTION TRANSCUTANEOUS ELECTROTHERAPY Page(s): 117-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TRANSCUTANEOUS ELECTROTHERAPY Page(s): 117-121.

Decision rationale: The California MTUS Guidelines indicate transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a non-invasive conservative option. The current request does not specify a total duration of treatment. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

CRYOTHERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines indicate that physical modalities have no proven efficacy in treating acute low back symptoms. At home local applications of heat or cold are as effective as those performed by therapists. There is no mention of a contraindication to at home local applications of cold packs as opposed to a motorized unit. The total duration of use of this durable medical equipment was not specified. Therefore, the request is not medically appropriate. As such, the request is non-certified.

NEUROSURGEON OR CO-SURGEON: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines indicate that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or an agreement to a treatment plan. There is no documentation of a significant neurological deficit upon physical examination. There is also no documentation of exhaustion of conservative treatment prior to the request for a specialty referral. There were no imaging studies provided for review. The medical necessity for the requested service has not been established. As such, the request is non-certified.