

Case Number:	CM13-0063519		
Date Assigned:	12/30/2013	Date of Injury:	10/27/2001
Decision Date:	05/27/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 & 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 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 53 year old female who was injured on 10/27/2011. The mechanism of injury is unknown. Diagnostic studies reviewed include a medication summary report dated 09/03/2013 which reported inconsistent results, positive for hydrocodone. An MRI of the cervical spine dated 06/28/2013 revealed: 1) Reversal of the cervical lordosis which may be associated with spasm. 2) Levoscoliosis. 3) Disc changes C5-6 2 mm posterior disc protrusion with bilateral facet joint arthropathy. C3-4 2 mm protrusion. C5-6 compromise on exiting nerve roots with 4-5 mm anterior extrusion/protrusion. 4) The foraminal and facet joints may be further evaluated with CT scan of the cervical spine if clinically desirable and appropriate. A progress note dated 10/08/2013 documented the patient to have complaints of neck pain that is aggravated by repetitive motions of the neck, prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The patient has left shoulder pain. Objective findings on exam included examination of the cervical spine that revealed tenderness at the cervical paravertebral muscles. There is pain with terminal motion with limited range of motion. Axial loading compression test and Spurling's maneuver are positive. Examination of the left shoulder revealed tenderness at the left shoulder anteriorly. There are positive impingement and Hawkin's signs. There is pain with terminal motion. Diagnoses include cervical discopathy/radiculitis, and left shoulder impingement syndrome with labral tear and partial rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-115.

Decision rationale: According to the MTUS Chronic Pain 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, spasticity, and multiple sclerosis. The medical records do not demonstrate the patient has any of these conditions. Furthermore, the medical records provided for review do not establish this patient has failed standard interventions. According to the MTUS Chronic Pain Guidelines, the medical necessity of a TENS unit has not been established. The request is not medically necessary and appropriate.

HEATING PAD: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: According to ACOEM guidelines, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools 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." The patient presents with complaints of ongoing cervical and shoulder pain. Although the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders has not been clearly established, due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit the patient. It is reasonable that the heating pad would be provided as a means of providing palliative pain relief, and potentially decrease the use of pain medications. The request is medically necessary and appropriate.