

Case Number:	CM13-0067105		
Date Assigned:	01/08/2014	Date of Injury:	07/31/2008
Decision Date:	06/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Management 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 injured worker is a 41-year-old female who reported an injury on 07/31/2008. The injured worker was evaluated on 08/28/2013. It was documented that the injured worker had severe right-sided neck pain that was responsive with two (2) medications to include Vicodin. It was documented that the injured worker did receive at least 50% pain relief with functional improvement. It was noted that the injured worker was engaged in a narcotic contract and had consistent urine drug screens. The physical findings included limited cervical range of motion with tenderness to palpation and mild rigidity of the paraspinal musculature and right trapezius muscle. The injured worker's treatment recommendations at that time were continued use of a home traction unit, use of a TENS unit, and continued use of medications. The injured worker was evaluated on 12/16/2013. It was documented that the injured worker was requesting a home traction unit and a TENS unit. The physical findings included limited range of motion of the cervical spine with multiple trigger point tenderness and positive twitch response in the cervical paraspinal musculature. The injured worker's treatment plan included continuation of medications, a home exercise program, a cervical traction device, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, CHAPTER 7, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS. The Claims Administrator also based its decision on the Non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKERS' COMPENSATION, 7TH EDITION, FITNESS FOR DUTY CHAPTER.

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

Decision rationale: The MTUS/ACOEM Guidelines recommend Functional Capacity Evaluations when a more precise delimitation of the injured worker's functional capabilities is required beyond what a traditional evaluation can provide. The clinical documentation submitted for review does not provide any evidence that the injured worker is at or near maximum medical improvement and plans to return to work. There is no documentation that an evaluation of the injured worker's physical demand level is required. Therefore, the need for a Functional Capacity Evaluation is not supported. As such, the request is not medically necessary or appropriate.

PURCHASE OF A HOME TRACTION DEVICE: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The MTUS/ACOEM Guidelines do not recommend the use of traction in the management of neck and upper back complaints. The clinical documentation submitted for review does indicate that the injured worker has previously participated in a home program with a traction unit. However, it is not well documented what that entailed. Additionally, there is no documentation to support extending treatment beyond guideline recommendations. As this treatment modality is not supported and there is no documentation to extend treatment beyond guideline recommendations, the request would not be considered medically appropriate. As such, the requested purchase of a home traction device is not medically necessary or appropriate.

TENS UNIT 30 DAY TRIAL RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114.

Decision rationale: The Chronic Pain Guidelines recommend the use of a TENS unit as an adjunct treatment to an active Functional Restoration Program. The clinical documentation

submitted for review does not clearly identify that the injured worker is currently participating in a home exercise program. Additionally, it is noted within the documentation that the injured worker previously used a TENS unit. Pain relief, medication reduction, and functional benefit was not documented as result of prior use of this treatment modality. Therefore, a TENS unit 30-day trial rental is not medically necessary or appropriate.

VICODIN 5/325 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The Chronic Pain Guidelines recommend that the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, evidence the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker has pain relief and functional benefit from medication usage. Additionally, it is documented that the injured worker is engaged in a narcotic pain contract and is monitored for aberrant behavior with urine drug screens. However, the request as it is submitted does not clearly identify frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Vicodin 5/325mg #120 is not medically necessary or appropriate.