

<b>Case Number:</b>	CM14-0005450		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/08/2003
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Occupational Medicine 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 57-year-old female who has submitted a claim for status post C5-C6 and C6-C7 anterior cervical discectomy and fusion with possible pseudoarthrosis or loosening of the anterior plate, cervical postlaminectomy syndrome, right shoulder full-thickness tear and impingement syndrome, reactionary depression and anxiety, possible right ulnar neuropathy at the elbow, status post right shoulder repair of rotator cuff tear, status post removal of hardware C5-C7, SCS implant, and medication induced gastritis associated with an industrial injury date of May 8, 2003. Medical records from 2012-2014 were reviewed. The patient complained of neck pain and bilateral upper extremity radiculopathy. The pain was aggravated by daily activities. There was also mild right shoulder pain aggravated by overhead lifting. Physical examination showed tenderness on the posterior cervical spine musculature, trapezius, medial scapular, and sub-occipital region. There are multiple trigger points and taut bands palpated throughout. Cervical spine range of motion was limited. Right shoulder examination revealed tenderness along the shoulder joint line. Right shoulder abduction was at 140 degrees secondary to pain. Deep tendon reflexes were on both brachioradialis. Motor strength was intact. There was decreased sensation on Wartenberg pinprick wheel along the posterior lateral arm and forearm bilaterally. MRI of the cervical spine, dated September 4, 2012, revealed status post anterior fusion of C5, C6, C7 with satisfactory alignment, moderate spondylosis, and complete loss of disc height at C5-C6 and C6-C7. The treatment to date has included medications, activity modification, cervical spine fusion, right shoulder surgery, right cubital tunnel release, and spinal cord stimulator placement. Utilization review, dated January 14, 2014, denied the request for home exercise kit cervical, TENS unit purchase and cervical roll pillow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home exercise kit cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder, Home Exercise Kit.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Home exercise kits; Knee & Leg Chapter, Exercise Equipment and Durable Medical Equipment.

**Decision rationale:** The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG Shoulder Chapter recommends home exercise kits where home exercise programs and active self-directed home physical therapy are recommended. The ODG Knee and Leg Chapter states that exercise equipment are considered not primarily medical in nature. It also states that durable medical equipment should be primarily and customarily used to serve a medical purpose. In this case, a cervical rehabilitation kit was requested as patient is motivated to do home based exercises. However, the exact contents of the exercise kit has not been identified and there is no documentation stating that the patient has been taught proper use of the equipment as well as demonstrated proficiency. It is unclear if the included equipment will be considered for medical treatment. Therefore, the request for home exercise kit cervical is not medically necessary.

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

**Decision rationale:** As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are 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. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, patient had neck and mild right shoulder pain. The rationale for the use of TENS unit was to help control the patient's pain while increasing functional status and using the least amount of oral medications possible. Progress report dated January 2, 2014 states that patient has chronic pain and has tried conservative treatment, physiotherapy, and several medications. It also states that it would start with a home-based treatment trial of one month. However, the present request failed to specify the duration of TENS trial treatment. In addition, specific treatment plans and goals concerning the use of the TENS unit was not found in the documentation. The

guideline criteria have not been met. Also, the present request failed to specify the body part to be treated. It is likewise unclear why a rental unit may not suffice. Therefore, the request for TENS unit purchase is not medically necessary.

**Cervical roll pillow purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Pillow.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Pillow.

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. It recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. In this case, a cervical pillow was requested for the patient to use on the airplane, especially when sleeping at night. However, there was no mention that the patient performs daily exercises in conjunction with the present request. Therefore, the request for cervical roll pillow purchase is not medically necessary.