

Case Number:	CM14-0108838		
Date Assigned:	08/01/2014	Date of Injury:	01/06/2012
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopaedic Surgery 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:

This 57-year-old female certified nurse assistant sustained an industrial injury on 1/6/12, due to repetitive job duties. The 10/2/12 cervical spine MRI impression documented disc desiccation, disc space narrowing and a 2 mm midline disc herniation, and severe mass effect on the spinal cord at C4/5 and the adjacent bilateral nerve roots. The 10/16/12 electrodiagnostic study showed evidence of minimal to mild carpal tunnel syndrome. The 6/23/14 treating physician report cited grade 7/10 neck pain radiating to the right upper extremity with associated numbness and weakness. Pain reduced to grade 4/10 with medication. Physical exam documented diminished right biceps reflex, decreased C6 dermatomal sensation, and C6 myotomal weakness. All other neurologic exam findings were within normal limits. Spurling's sign was positive on the right. The diagnosis was C5/6 disc herniation with neurologic deficits. An anterior cervical discectomy and interbody fusion at C4/5 was recommended. Additional requests included surgical assistant, medical clearance, post-op cervical collar, post-op hot/cold therapy unit, and muscle stimulator for muscle re-education. Medications were refilled including naproxen, Norflex, and Protonix. The 7/2/14 utilization review denied the request for a muscle stimulator and hot/cold therapy unit purchase as there was no evidence to support use in the absence of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT Muscle Stimulator (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page(s) 114-121 Page(s): 114-121.

Decision rationale: The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of neuromuscular electrical stimulation (NMES) for post-operative use. TENS may be an option for acute post-operative pain in the first 30 days after surgery. It appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. Guideline criteria have not been met. This device was prescribed for muscle reeducation in the post-operative period. There is limited support for a TENS unit for post-operative pain control. There is no support for NMES for post-operative use. There is no compelling reason relative to documented muscle atrophy or inability to participate in physical therapy rehab to support the medical necessity of a muscle stimulator for muscle reeducation. Therefore, this urgent request for muscle stimulator purchase is not medically necessary.

URGENT Hot/Cold Therapy Unit (purchase): Upheld

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

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, Continuous flow cryotherapy.

Decision rationale: The California MTUS guidelines do not provide recommendations relative to this device. The Official Disability Guidelines do not recommend the use of continuous flow cryotherapy in the neck. There is no compelling reason submitted to support the medical necessity of this device over hot/cold packs. Therefore, this urgent request for hot/cold therapy unit (purchase) is not medically necessary.