

Case Number:	CM14-0129117		
Date Assigned:	08/18/2014	Date of Injury:	07/19/2012
Decision Date:	09/18/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review, indicate that this 52-year-old male was reportedly injured on July 19, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated August 13, 2014, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated changes consistent with a cervical fusion and a well-healed surgical scar. No other physical examination findings were reported. Diagnostic imaging studies were not presented. Previous treatment included anterior cervical fusion, multiple medications, and pain management interventions. A request had been made for MRI of the lumbar spine and was not certified in the pre-authorization process on July 18, 2014. The August 12, 2014 progress note by a separate provider noted that the MRI of the brachial plexus was pending. The findings noted on MRI of the cervical spine noted ongoing complaints of numbness of the hand, which is the reported indication for the brachial plexus imaging study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI brachial plexus cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004): Cervical and Thoracic Spine-Diagnostic Investigations-Electronically Cited.

Decision rationale: When considering the date of injury, the injury sustained, the date of surgery, the amount of surgery completed and the physical examination findings reported by the treating surgeon, there is no indication of a significant compressive neuropathy of the brachial plexus. Furthermore, when noting the multiple cervical levels inclusive of C5, C6 and C7 and the findings on cervical spine MRI, there is no indication to suggest a compressive neuropathy at that level. Therefore, based on the clinical information presented for review and by the parameters noted in the ACOEM guidelines (no progressive neurological deficit), there is insufficient clinical information presented for review to support the request.

MRI of the lumbar spine with GAD (gadolinium): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (2004): Cervical and Thoracic Spine-Diagnostic Investigations-Electronically Cited.

Decision rationale: When considering the date of injury, the injury sustained, the date of surgery, the amount of surgery completed and the physical examination findings reported by the treating surgeon, there is no indication of a significant compressive neuropathy of the brachial plexus. Furthermore, when noting the multiple cervical levels inclusive of C5, C6 and C7 and the findings on cervical spine MRI, there is no indication to suggest a compressive neuropathy at that level. Therefore, based on the clinical information presented for review and by the parameters noted in the ACOEM guidelines (no progressive neurological deficit), there is insufficient clinical information presented for review to support the request.

Hot/Cold Unit.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162 and 300.

Decision rationale: As outlined in the ACOEM guidelines, the wraps are recommended in the first day after the acute complaint. The ACOEM guidelines do not support such durable medical equipment as there are many methodologies to apply heat. Therefore, based on the limited clinical information presented, this is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 113-116 of 127.

Decision rationale: The MTUS recommends against using a Transcutaneous Electrical Nerve Stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress notes presented for review. As such, the request for purchase of a TENS unit is considered not medically necessary.

Exercise Kit Cervical spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99 of 127.

Decision rationale: As noted in the MTUS, physical medicine both passively and actively can be supported in the treatment of chronic pain. However, this can be accomplished with a series of home-based exercises that is overall fitness, conditioning and achieving ideal body weight. There is no clinical indication for specific devices for exercise. As such, based on the clinical information presented for review and by the parameters outlined in the MTUS, this exercise kit is not medically necessary.

Exercise kit lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: As noted in the MTUS, physical medicine both passively and actively can be supported in the treatment of chronic pain. However, this can be accomplished with a series of home-based exercises that is overall fitness, conditioning and achieving ideal body weight. There is no clinical indication for specific devices for exercise. As such, based on the clinical information presented for review and by the parameters outlined in the MTUS, this exercise kit is not medically necessary.

Exercise kit right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: As noted in the MTUS, physical medicine both passively and actively can be supported in the treatment of chronic pain. However, this can be accomplished with a series of home-based exercises that is overall fitness, conditioning and achieving ideal body weight. There is no clinical indication for specific devices for exercise. As such, based on the clinical information presented for review and by the parameters outlined in the MTUS, this exercise kit is not medically necessary.

Exercise kit left knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

Decision rationale: As noted in the MTUS, physical medicine both passively and actively can be supported in the treatment of chronic pain. However, this can be accomplished with a series of home-based exercises that is overall fitness, conditioning and achieving ideal body weight. There is no clinical indication for specific devices for exercise. As such, based on the clinical information presented for review and by the parameters outlined in the MTUS, this exercise kit is not medically necessary.