

Case Number:	CM14-0038034		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2012
Decision Date:	08/12/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Practice 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 54 yr. old male claimant sustained a work related injury on 9/5/12 involving the neck, wrists and low back. He was diagnosed with lumbar radiculopathy, neck strain, thoracic strain and carpal tunnel syndrome. A progress note on 3/3/14 claimant continued to have grip difficulties in both wrists but they were improved. She had decreased range of motion of the lumbar spine. There was decrease in sensation of both wrist as well as tenderness to palpation with extension greater than flexion. The treating physician recommended lumbar epidural steroid injections with possible facet blocks as well as cortisone injections for both wrists. In addition an order was placed for interferential treatment, home exercises as well as a pillow for sleep positioning. The claimant was also continued on Voltaren, Fexmid, and Norco for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Page(s): 118.

Decision rationale: According to the MTUS guidelines, interferential treatment is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The request above was not specified for location, reason and length of treatment. Therefore the request is not medically necessary.

C/S Pillow: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Pain.

Decision rationale: The ACOEM and MTUS guidelines do not comment on neck pillows. According to the ODG guidelines, the use of a neck support pillow while sleeping, in conjunction with daily exercise. 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, the treating physician did not recommend the need for a pillow for neck pain but rather sleep and positioning. The exam notes did not mention sleep or neck related issues in March 2014. The request for a neck pillow is not medically necessary.