

Case Number:	CM14-0047176		
Date Assigned:	07/02/2014	Date of Injury:	06/15/2013
Decision Date:	08/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 Orthopedic surgeon and is licensed to practice in Arizona. 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 is a 55-year-old female who sustained an injury on 6/15/2013. On that day, the patient was driving a golf cart and was thrown from the golf cart landing on her buttocks in the seated position. She was able to continue her job for the rest of the day. The patient complains of neck pain radiating into her upper extremities and upper back. She also complains of bilateral shoulder pain worse on the right and radiating down to her right arm with occasional tingling. She complains of right elbow pain, bilateral hand and wrist pain with occasional numbness and tingling and low back pain with radiating of pain to her lower extremities more on the left with occasional numbness and tingling. The patient demonstrated decreased range of motion with tenderness of the cervical and lumbar spine. She had anterior tenderness over the shoulder with mildly positive impingement signs. She also had tenderness about the right elbow and both wrists. Electrodiagnostic studies reveal median nerve neuropathy across the wrists bilaterally and evidence of a left L5 radiculopathy. The patient had a history of bilateral carpal tunnel releases in the past. Magnetic resonance imaging (MRI) scan of the lumbar spine reveals multiple level degenerative disc disease with posterior disc bulging, foraminal stenosis at L4-L5 and at L5-S1. MRI scan of the cervical spine again reveals multiple level degenerative disc disease with posterior disc bulging with foraminal stenosis from C4 to C7. The patient attended 8 sessions of physical therapy. Request is made for 1 hot/cold unit and for 1 transcutaneous electric nerve stimulation (TENS) unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 hot/cold unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, low back, shoulder (for example Knee)>, cold packs, cold/heat units.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat-cold applications, transcutaneous electric nerve stimulation (TENS) unit in the treatment of neck and upper back complaints. The Official Disability Guidelines (ODG) recommends cold/heat packs during the first few days of cervical symptoms. It also states that there is no difference in that therapeutic benefit between continuous flow cryotherapy units and cold/heat packs other than convenience. The ODG recommends cold/heat packs as an option for acute pain in the lumbar spine. The ACOEM guidelines recommend that if cold/heat packs are used that they be used in conjunction with a home-based functional restoration program of active therapy. There is no documentation that the patient is on such a program. There is no evidence that a heat/cold unit provides any greater therapeutic benefit than heat or cold packs. Therefore, the medical necessity of such a unit has not been established.

1 Transcutaneous Electrical Nerve Stimulation Unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy page(s) <114-117 Page(s): 114-117.

Decision rationale: Transcutaneous electric nerve stimulation (TENS) unit is not recommended as a primary treatment modality. There is no documentation that the patient is on any first line drug therapy (try cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants or a anti-epileptic drugs (AED) such as gabapentin). Also, before a TENS unit is ordered, a one month home-base trial should be considered and its effectiveness documented. Functional improvement with the use of the unit has to be documented in addition to long and short-term goals of treatment. Therefore, until the above ACOEM recommendations are instituted and documented, the medical necessity for a TENS unit has not been established.