MAXIMUS Federal Services

Case Number:	CM14-0075296		
Date Assigned:	07/16/2014	Date of Injury:	05/08/2003
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 8, 2003. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a cervical fusion surgery; trigger point injection therapy; and a spinal cord stimulator implantation. In a Utilization Review Report dated May 7, 2014, the claims administrator denied a cervical rehabilitation kit, a cervical roll, and TENS unit electrodes. The patient's attorney subsequently appealed. In a January 2, 2014 progress note, the patient was described as having persistent complaints of pain. The patient was trying to diminish her medication consumption further following the earlier cervical fusion surgery, it was noted. The patient was trying to wean off of Norco and Soma. The patient was consulting in Pennsylvania, it was stated, and was traveling a great deal. The patient stated that her spinal cord stimulator was, in fact, working. Various medications, including Ultram, Norco, Celexa, Prilosec, medical marijuana, Fioricet, Xanax, Imitrex, and topical Dendracin cream were endorsed. Trigger point injections were performed. A trial TENS unit was sought on this occasion. The cervical pillow and cervical rehabilitation kit were also sought, along with the cervical pillow also at issue. On April 21, 2014, the cervical pillow and cervical rehabilitation kit were again sought. Trigger point injections were performed. The attending provider again stated that a one-month trial TENS unit was being sought while Norco, Prilosec, tramadol, Colace, and Fioricet were also prescribed. 5/10 neck pain was noted. The patient again stated that the spinal cord stimulator was working well. On May 29, 2014, the patient again received trigger point injection therapy. The patient's spinal cord stimulator was reprogrammed. There was no mention of a TENS unit being employed here.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE CERVICAL ROLL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Cervical and Thoracic Spine Chapter, Sleep Pillows and Posture section.

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, there is no recommendation for or against usage of pillows, beds, mattresses, or any other commercial devices as there is no evidence that they have any role in either the prevention or treatment of chronic neck pain, as is present here. Therefore, the proposed cervical roll is not medically necessary.

PURCHASE CERVICAL REHAB KIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The rehabilitation kit, thus, being proposed by the attending provider is, per ACOEM, an article of applicant responsibility as opposed to an article of payor responsibility. Therefore, the request is not medically necessary.

PURCHASE ELECTRODES X10, PURCHASE SET OF LEAD WIRES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines riteria for the Use of TENS topic Page(s): 116.

Decision rationale: These supplies represent TENS unit supplies. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and/or provision of associated supplied beyond a one-month trial period of the same should be predicated on a favorable outcome during said one-month trial, with positive outcomes in terms of both pain relief and function. In this case, however, there is no concrete evidence that the applicant in fact underwent or received the earlier TENS unit trial before the request to purchase

the device in question and/or furnish associated supplies was initiated. Therefore, the request is not medically necessary.