

Case Number:	CM14-0097829		
Date Assigned:	07/25/2014	Date of Injury:	08/14/2008
Decision Date:	09/23/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 63-year-old male who reported an injury on 08/14/2008. The mechanism of injury was not provided. On 06/08/2014, the injured worker presented with increased shoulder and neck pain with numbness in the left hand and jaw with a headache. The diagnoses were chronic post-traumatic headaches, degeneration of cervical intervertebral disc, adhesive capsulitis of the shoulder, and carpal tunnel syndrome. Upon examination, there was positive impingement in the right shoulder with reduced range of motion, and positive tenderness to palpation over the posterior cervical and trapezial muscles. Prior treatment included surgery and medications. The provider recommended a referral to a neurologist, pneumatic cervical traction, and a TENS unit. The provider's rationale was not provided. The Request for Authorization Form was dated 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist referral: 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) Pain, Office Visit.

Decision rationale: The request for Neurologist referral is not medically necessary. The Official Disability Guidelines (ODG) recommends office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured workers' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinically feasible. There is a lack of documentation of neurologic deficits upon physical examination and the provider's rationale for neurology referral was not provided. Additionally, there is a lack of documentation of how a neurologist referral will aid the provider in an evolving treatment plan or goals for the injured worker. As such, the request is not medically necessary.

Pneumatic Cervical Traction Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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, Traction.

Decision rationale: The request for Pneumatic cervical traction collar is not medically necessary. The Official Disability Guidelines (ODG) recommends home cervical, injured worker-controlled traction for injured workers with radicular symptoms in conjunction with a home exercise program. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of injured workers with mild to moderate severe cervical spinal syndromes with radiculopathy. The completed medical documentation notes reduced range of motion and positive tenderness to palpation over the posterior cervical and trapezius muscles. There was a lack of documentation on a Spurling's test, which would be indicative of radiculopathy. More information is also needed in regards to motor strength and sensations. As there is no radiculopathy noted upon physical examination, a pneumatic cervical traction collar would not be indicated. As such, medical necessity has not been established.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

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

Decision rationale: The request for TENS unit is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a non-invasive conservative option, if used as an

adjunct to a program of evidence based functional restoration. Studies are inconclusive; the published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is a lack of documentation indicating significant deficits upon physical examination. It was unclear if the injured worker underwent an adequate TENS trial. The request is also unclear as to if the injured worker needed to rent or purchase a TENS unit. The provider's request does not indicate the site at which the TENS therapy is indicated in the request as submitted. As such, the request is not medically necessary.