

Case Number:	CM14-0194580		
Date Assigned:	12/02/2014	Date of Injury:	01/20/2012
Decision Date:	01/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal Medicine 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:

The injured worker is a 71year old man with a work related injury dated 1/20/12 resulting in injury to the head and chronic pain of the back, lower extremity and headaches. The diagnosis includes headaches, lumbar sprain, myofascial pain, internal injury, anxiety/stress and rule out vertigo. The patient has been treated for post-concussive syndrome with physical therapy and a home exercise program. Previous psychological evaluation was certified on 7/3/14. The documentation doesn't support that the patient ever had the original 6 sessions of psychological consultation and treatment that was approved for post concussive syndrome. MRI of the brain 11/27/12 was normal and MRI of the cervical spine dated 9/30/13 documented multilevel discogenic change and a straightening of the normally observed cervical lordosis with high-grade foraminal stenosis at multiple levels. The patient was evaluated by the primary treating physician on 9/23/14. At the time he continued to complain of neck and upper extremity pain. The exam showed a slow gait with tenderness to palpation over the lumbosacral spine. The straight leg raise was negative bilaterally. Sensation of the lower extremities was intact bilaterally with symmetrically decreased reflexes at the knee and ankle. Under consideration is the medical necessity of a soft cervical collar, psychotherapy 12 visits and the use of a TENS unit. These treatments were denied during utilization review dated 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soft cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: According to the ACOEM chapter on neck pain, other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "pre-injury" activities. In this case the collar is prescribed for chronic pain of the cervical spine and therefore is not medically indicated.

Psychotherapy visits for 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. 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 Official Disability Guidelines (ODG) ODG Cognitive Behavioral Therapy (CBT) guideline for chronic pain

Decision rationale: According to the ODG patients should be screened with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks. In this case the patient has been evaluated by physical medicine and has received physical therapy. The number of psychotherapy visits that are being requested are 12 visits. According to the ODG, the patient should receive an initial trial of 3-4 psychotherapy visits over 2 weeks. The 12 visits of psychotherapy are not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: According to the MTUS, the use of a transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described

below. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS. In this case the patient does not have an appropriate diagnosis, nor is the TENS unit being prescribed for a one-month trial. The ongoing use of a TENS unit is not medically necessary.