MAXIMUS Federal Services

Case Number:	CM14-0206063		
Date Assigned:	12/18/2014	Date of Injury:	07/30/1990
Decision Date:	02/10/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

This patient is a 40-year-old female with a date of injury of 07/30/1999. According to treatment report dated 09/02/2014, the patient presents with severe pain in the left side of her neck associated with severe spasms of the trapezius muscles. The patient has been authorized to have a procedure to remove the spinal cord stimulator. Physical examination on this date revealed strength of 4+/5 of the left finger flexors and intrinsic muscles of the left hand. There is sensory loss to light touch, pinprick at 2-point discrimination in the patient's left hand. There was severe muscle spasm noted in the trapezius muscles bilaterally, especially on the right side. Rotation of the head to the right side is painful and patient can only rotate 60 degrees. The Spurling's test was positive with noted pain. The listed diagnoses are:1. Cervical radiculopathy with malfunctioning of the spinal cord stimulator. 2. Injury of left shoulder. Treatment plan was for an MRI of the cervical spine and follow up in 3 to 5 weeks for reevaluation. According to progress report dated 10/28/2014, the patient presents after undergoing a removal of the non-functioning spinal cord stimulator which was performed on 09/19/2014. The spinal cord stimulator was found to have migrated out of the spinal canal which explains why the system was not effective in controlling patient's neck pain. MRI of the cervical spine was performed on 10/10/2014 which was essentially remarkable. The treating physician recommends that the patient undergo replacement of the spinal cord stimulator or resume electrode in the cervical spinal cord. This is a request for TENS unit and Vascutherm unit. The Utilization review denied the request on 11/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Transcutaneous electrical nerve stimulation (TENS) unit with electrodes #4 electrodes: Upheld

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

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

Decision rationale: This patient presents with severe pain in the left side of her neck associated with severe spasms of the trapezius muscles. This is a request for 1 TENS unit with #4 electrodes. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, Complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the treating physician states in his progress report dated 10/28/2014 that recommendation is made for patient to undergo replacement of the spinal cord stimulator "or resume electrode in the cervical spinal cord." It appears the patient has used TENS unit with electrodes in the past, but there is no documentation regarding frequency of use, magnitude of pain reduction, and any functional changes with utilizing the TENS unit. The MTUS Guidelines allow for extended use of the unit when there is documentation of functional improvement. The requested TENS unit with electrodes is not medically necessary.

30 days use of Vascutherm with Deep Venous Thrombosis (DVT) prophylaxis: 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) neck and upper back chapter, continuous-flow cryotherapy.

Decision rationale: This patient presents with severe left-sided neck pain with associated severe muscle spasm of the trapezius muscles and headaches. The patient is status post spinal cord stimulator removal on 09/19/2014. The current request is for 30 days of VascuTherm with DVT prophylaxis. The MTUS and ACOEM Guidelines do not specifically discuss VascuTherm units. Therefore, ODG Guidelines are referenced. The ODG Guidelines under the neck and upper back chapter has the following regarding continuous-flow cryotherapy, "not recommended in the neck. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." It appears the treating physician is requesting postoperative VascuTherm use following the patient's spinal cord stimulator removal. The ODG Guidelines state that continuous-flow cryotherapy is "not recommended in the neck." The requested VascuTherm with DVT is not medically necessary.