

Case Number:	CM14-0209084		
Date Assigned:	12/22/2014	Date of Injury:	07/30/1990
Decision Date:	02/18/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 an injured worker with neck complaints. Date of injury was 07-30-1990. The neurological surgery report dated September 02, 2014 documented that the patient presents with a severe pain in the left side of her neck that has been associated with severe muscle spasm of the trapezius muscles and headaches. A procedure to remove the spinal cord stimulator was authorized. Neurological examination was documented. The patient has strength of 4+/5 of the left finger flexors and intrinsic muscles of the left hand. There is sensory loss to light touch, pinprick, and two-point discrimination in the patient's left hand, especially in the left fourth and the fifth fingers. Deep Tendon Reflexes are symmetric. The gait is normal. There is severe muscle spasm in the trapezius muscles bilaterally, especially on the left side. Rotation of the head to the right side is painful and the patient can only rotate 60 degrees and 70 degrees to the left side. The Spurling test was positive and when lapping the vertex of the head, the patient will experience pain. Cervical radiculopathy with malfunctioning of the spinal cord stimulator was noted. The patient presents with a severe neck pain that radiates into the left side of the face and the left arm that has been associated with weakness and numbness sensation of the left hand. The patient also complains of severe muscle stiffness of the trapezius muscles bilaterally causing headaches. The patient has elected to proceed with the removal of the spinal cord stimulator on September 19, 2014 on outpatient basis. The patient has been complaining of severe neck pain that comes with activity and the fact that the Spurling test was positive and when tapping the vertex of the head, the patient will experience neck pain. MRI magnetic resonance imaging of the cervical spine with flexion and extension views of the cervical spine was requested. The

neurosurgeon had the opportunity to explain to the patient the procedure where both the spinal cord stimulator and the receiver will be removed in the same setting on outpatient basis. The neurological surgery report dated September 25, 2014 documented that the patient presents after undergoing a removal of the nonfunctioning spinal cord stimulator performed on September 19, 2014. Both incisions are healing well. There is no evidence of any type of discharge coining from these two incisions. The patient had a history of severe neck pain that is causing her severe muscle spasm of the trapezius muscles, headaches, and weakness of her left hand. MRI magnetic resonance imaging of the cervical spine with flexion and extension views of the cervical spine was authorized. The neurological surgery report dated October 28, 2014 documented that the patient underwent removal of a spinal cord stimulator on September 19, 2014. Flexion and extension views of the cervical spine on October 10, 2014 were unremarkable, and showed no evidence of instability. The patient had MRI magnetic resonance imaging of the cervical spine on October 10, 2014 that was essentially unremarkable. MRI magnetic resonance imaging of the cervical spine was unremarkable. These two studies demonstrated no mechanical pathology compromising the spinal cord or the exiting nerve roots. Impression was cervical radiculopathy with chronic pain syndrome. Replacement of a spinal cord stimulator was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with electrodes, #4 electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181-183, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Electrical stimulators (E-stim), Functional restoration programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrotherapies; Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) state that electrotherapies are not recommended. Medical records document neck complaints.

The neurological surgery report dated October 28, 2014 documented the impression of cervical radiculopathy. Flexion and extension views of the cervical spine on October 10, 2014 were unremarkable, and showed no evidence of instability. MRI magnetic resonance imaging of the cervical spine on October 10, 2014 was unremarkable. These two studies demonstrated no mechanical pathology compromising the spinal cord or the exiting nerve roots, according to the neurosurgeon. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) indicated that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) indicate that electrotherapies are not recommended. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of TENS electrotherapy for neck conditions. Therefore, the request for TENS unit with electrodes, #4 electrodes is not medically necessary.

Thirty days of Vascultherm with DVT prophylaxis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Chest Physicians (ACCP) Antithrombotic Therapy and Prevention of Thrombosis, 9th edition: CHEST Evidence-Based Clinical Practice Guidelines. Chest. 2012 Feb;141(2 Suppl):7S-47S. doi: 10.1378/chest.1412S3. http://journal.publications.chestnet.org/data/Journals/CHEST/23443/chest_141_2_suppl_7S.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address deep vein thrombosis DVT prophylaxis. American College of Chest Physicians (ACCP) antithrombotic therapy and prevention of thrombosis clinical practice guidelines (2012) indicated that for general surgery patients at very low risk for VTE venous thromboembolism, no specific pharmacologic or mechanical prophylaxis be used. The neurological surgery report dated September 25, 2014 documented the removal of a nonfunctioning spinal cord stimulator on September 19, 2014. Impression was cervical radiculopathy. Flexion and extension views of the cervical spine on October 10, 2014 were unremarkable, and showed no evidence of instability. MRI magnetic resonance imaging of the cervical spine was unremarkable. These two studies demonstrated no mechanical pathology compromising the spinal cord or the exiting nerve roots. Replacement of a spinal cord stimulator was requested. The removal and replacement of a spinal cord stimulator is not major surgery. No risk factors for VTE venous thromboembolism were documented. The request for Vascultherm with DVT prophylaxis is not supported by the medical records and American College of Chest Physicians (ACCP) guidelines. Therefore, the request for thirty days of Vascultherm with DVT prophylaxis is not medically necessary.