

Case Number:	CM14-0210040		
Date Assigned:	12/23/2014	Date of Injury:	03/01/2012
Decision Date:	05/22/2015	UR Denial Date:	11/17/2014
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: Physical Medicine & Rehabilitation

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 45-year-old female with an industrial injury dated 03/01/2012. Her diagnosis includes spinal stenosis and bulging disc. Prior treatments included diagnostics and physical therapy. The injured worker presents on 10/28/2014 post MRI. There are no subjective or objective findings documented. The provider documents the injured worker had used TENS unit and Saunders traction while in physical therapy and those had been helpful. The plan of treatment was for purchase of Saunders cervical traction and TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sanders cervical traction unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) chapter, Traction (mechanical).

Decision rationale: The 46 year old patient complains of pain in the cervical spine due to loss of disc height at C5-6 and C6-7 along with bilateral foraminal narrowing, as per progress report dated 10/28/14. The request is for SANDERS CERVICAL TRACTION UNIT PURCHASE. The RFA for the case is dated 11/10/14, and the patient's date of injury is 03/01/12. As per progress report dated 07/30/14, the patient suffers from pain in bilateral elbows, cervical spine, lumbar spine, and bilateral knees. The patient is also status post right elbow open lateral epicondylar debridement with extensor mass debridement on 10/14/13, and status post revision left knee arthroscopy on 06/15/12, as per the same progress report. The patient is working full duty, as per progress report dated 10/28/14. MTUS does not provide guidance on home traction devices, so ACOEM was referenced. ACOEM, Chapter: 12, page 300, does not recommend traction for the cervical spine, due to a lack of evidence either in support or opposition of traction. ODG, Chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Traction (mechanical)' does provide evidenced based support of patient controlled home traction devices "using a seated over-the-door device or a supine device for patients with radicular symptoms "when used in conjunction with a home exercise program." In this case, the patient suffers from cervical pain, and has used cervical traction in the past "which was helpful," as per progress report dated 10/28/14. The treating physician is requesting for the purchase of the unit in the same report. ACOEM guidelines, however, do not support the use of cervical traction units while ODG guidelines support their use only for radicular symptoms in conjunction with a home exercise program. Although the patient has undergone physical therapy, as per progress report dated 07/30/14, there is no documentation of transitioning into a home exercise regimen. Hence, the request for a cervical traction unit purchase IS NOT medically necessary.

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

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

Decision rationale: The 46 year old patient complains of pain in the cervical spine due to loss of disc height at C5-6 and C6-7 along with bilateral foraminal narrowing, as per progress report dated 10/28/14. The request is for TENS UNIT PURCHASE. The RFA for the case is dated 11/10/14, and the patient's date of injury is 03/01/12. As per progress report dated 07/30/14, the patient suffers from pain in bilateral elbows, cervical spine, lumbar spine, and bilateral knees. The patient is also status post right elbow open lateral epicondylar debridement with extensor mass debridement on 10/14/13, and status post revision left knee arthroscopy on 06/15/12. The patient is working full duty, as per progress report dated 10/28/14. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also

be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, the treating physician states that the patient has used TENS unit in the past "which has been helpful." The current request is, therefore, for the purchase of the unit. However, there is no documentation of outcomes in terms of pain relief and function during a 30-day trial, as required by MTUS. Additionally, the progress reports do not include short and long-term goals of treatment with the TENS unit. Hence, the request IS NOT medically necessary.