MAXIMUS Federal Services

Case Number:	CM15-0003725		
Date Assigned:	01/14/2015	Date of Injury:	03/19/2013
Decision Date:	03/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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: Orthopedic Surgery

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 46 year old male, who sustained a work related injury on 3/19/13. He noted that he had sudden onset of numbness and tingling in his arms doing normal job. The diagnoses have included herniated nucleus pulposus and chronic neck pain. Treatment to date has included physical therapy, cervical spine epidural injections, cervical spine surgery, CT myelogram, and oral medications. Currently, per the Utilization Review, the injured worker complains of chronic, continuing neck pain with pain radiating down both arms. Per the last PR-2 dated 9/25/14, he complained of neck pain and there were "no new motor or sensory deficits, loss of ROM." On 12/8/14, Utilization Review non-certified a request for cell saver during surgery with cardiovascular technician, noting there was no documentation provided to support the use of a cell saver during surgery. The California MTUS, ACOEM Guidelines, Neck & AMP; upper back complaints pages 179-181, were cited.On 12/8/14, Utilization Review non-certified a request for a muscle stimulator purchase, noting there was no documentation noted to support the use of a muscle stimulator (TENS unit) post-operatively. The California MTUS, Postsurgical Treatment Guidelines, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cell saver during surgery with cardiovascular tech: 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 1: Society of Thoracic Surgeons Blood Conservation Guideline Task Force, Ferraris VA, Brown JR, Despotis GJ, Hammon JW, Reece TB, Saha SP, Song HK, Clough ER; Society of Cardiovascular Anesthesiologists Special Task Force on Blood Transfusion, Shore-Lesserson LJ, Goodnough LT, Mazer CD, Shander A, Stafford-Smith M, Waters J; International Consortium for Evidence Based Perfusion, Baker RA, Dickinson TA, FitzGerald DJ, Likosky DS, Shann KG. 2011 update to the Society of Thoracic Surgeons and the Society of Cardiovascular Anesthesiologists blood conservation clinical practice guidelines. Ann Thorac Surg. 2011 Mar;91(3):944-82. doi: 10.1016/j.athoracsur.2010.11.078. Review. PubMed PMID: 21353044.

Decision rationale: CA MTUS/ACOEM/ODG is silent on the issue of cell saver. Per the Non-MTUS Citatation Society of Thoracic Surgeons and the Society of Cardiovascular Anesthesiologists blood conservation clnical practice guidelines, a cell saver suctions, washes and filters blood to be given back to the patient's body instead of being thrown away. It is a viable alternative for patients with religious objections to blood transfusions. Per the exam note of 9/25/14 there is no evidence of religous objections, known malignancy or comorbid blood disease to warrant cell saver. Therefore determination is for non-certification.

Associated surgical service: Muscle stimulator purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), 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 neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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. In this case there is insufficient evidence of chronic neuropathic pain from 9/24/14 to warrant a TENS unit. Therefore the determination is for non-certification.