MAXIMUS Federal Services

Case Number:	CM15-0132331		
Date Assigned:	07/20/2015	Date of Injury:	02/05/2013
Decision Date:	08/17/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 46 year-old female who sustained an industrial injury on 02/05/13. She reported neck and right upper extremity pain. The injured worker was diagnosed with having cervical facet arthropathy, cervicogenic headache, migraine, and new onsets/diagnosis of seizures. Diagnostic testing and treatment to date has included x-rays, MRI, epidural steroid injections, chiropractic care, acupuncture, physical therapy, and symptomatic medication management. Currently, the injured worker reports her neck pain is the same; it is burning, throbbing, tingling with numbness. She rates the pain as a 5 on a scale of 0 to 10, and she has frequent headaches. Physical examination of the cervical spine is remarkable for tenderness to palpation over the mastoid process, and upper cervical facets with muscle spasm and tenderness over the trapezius musculature. There is limited range of motion by 25% in all directions. She also continues to present with history and physical suggestive of occipital neuralgia. She has failed epidural steroid injection and acupuncture treatment. TENS treatment offered relief while she was in physical therapy. Requested treatments include TENS unit x30 day trial, and neuropsychology consultation/treatment. The injured worker is under work restrictions, but not working. Date of Utilization Review: 06/29/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit x 30 day trial: Upheld

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

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no documentation of recent flare of neuropathic pain. Therefore, the prescription of TENS unit trial is not medically necessary.

Neuropsych Consult/ Treat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neuropychological testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neuropsychological testing. http://www.odg-twc.com/index.html.

Decision rationale: According to ODG guidelines, Neuropsychological testing "Recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate." The patient was suffering from chronic headaches and cervical without evidence of traumatic brain injury or concussion. There is no rational from requesting this test. Therefore, the request for Neuropsych Consult/Treat is not medically necessary.