

Case Number:	CM15-0160616		
Date Assigned:	08/26/2015	Date of Injury:	12/10/2012
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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 48-year-old female, who sustained an industrial injury on December 10, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having herniated nucleus pulposus C4-5 with myeloradiculopathy, epicondylitis, left shoulder bursitis and left sternocleidomastoid mass. She was noted to have failed acupuncture, physical therapy, epidural steroid injections, Functional Rehabilitation Program and medications. On July 20, 2015, the injured worker complained of neck to bilateral upper extremity pain with weakness and numbness. The treatment plan included an anterior cervical decompression and instrumented fusion at C4-5 with allograft bone, interbody cage and anterior cervical plating, removal of hardware, exploration of fusion, medical clearance, cervical collar postoperatively, polar care unit and muscle stimulator. A request was made for a post-op hot-cold therapy unit and a muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op hot/cold therapy unit: 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) Shoulder Chapter under Continuous-flow cryotherapy.

Decision rationale: The patient presents with neck pain that radiates to bilateral upper extremities. The request is for post-op hot/cold therapy unit. The request for authorization is dated 07/23/15. Physical examination reveals decreased reflex in both biceps and triceps, decreased sensation bilaterally at C5 and C6, positive cervical tenderness. Muscle spasms noted in the paraspinal musculature. Cervical spine range of motion decreased 40%. Positive Lhermitte's and Spurling's sign bilaterally. Babinski's are downward bilaterally. Patient's medications include Norco, Naproxen, Pantoprazole, Cyclobenzaprine, and Tramadol. Per progress report dated 08/17/15, the patient is TTD. ODG-TWC, Shoulder Chapter under Continuous-flow cryotherapy states: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." Per progress report dated 07/20/15, treater's reason for the request is "for modulation of heat and cold." In this case, it appears the treater is recommending a Hot/Cold Therapy Unit for home use to help the patient recover from a surgical procedure. ODG supports the use of Hot/Cold Therapy Unit for postoperative recovery. However, treater does not indicate postoperative use of the Hot/Cold Therapy Unit for no more than 7 days, as recommended by ODG. Guidelines do not allow for indefinite or open-ended use of Hot/Cold Therapy Units. Therefore, the request is not medically necessary.

Muscle stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with neck pain that radiates to bilateral upper extremities. The request is for muscle stimulator. The request for authorization is dated 07/23/15. Physical examination reveals decreased reflex in both biceps and triceps, decreased sensation bilaterally at C5 and C6, positive cervical tenderness. Muscle spasms noted in the paraspinal musculature. Cervical spine range of motion decreased 40%. Positive Lhermitte's and Spurling's sign bilaterally. Babinski's are downward bilaterally. Patient's medications include Norco, Naproxen, Pantoprazole, Cyclobenzaprine, and Tramadol. Per progress report dated 08/17/15, the patient is TTD. MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-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. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." Per progress report dated 07/20/15, treater's reason for the request is "for muscle reeducation." The request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. MTUS guidelines do not support neuromuscular stimulator (NMES) except for stroke rehabilitation. In this case, the patient presents with neck

pain. The request does not meet guideline indications. Therefore, the request is not medically necessary.