

Case Number:	CM15-0166343		
Date Assigned:	09/04/2015	Date of Injury:	06/05/2013
Decision Date:	10/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/24/2015

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: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on June 5, 2013 on an accumulative basis. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included MRI, medications, TENS unit, home exercise program, chiropractic care and electrodiagnostic study. Currently, the injured worker complains of right shoulder and elbow pain described as dull to sharp and rated at 5-6 on 10. Her pain is increased with activity. The injured worker is currently diagnosed with shoulder sprain-strain, epicondylitis (lateral elbow) and cervical strain-sprain. Her work status is temporary total disability. A progress note dated April 29, 2015 states the injured worker experienced a 40% reduction in pain from chiropractic care. A progress note dated July 15, 2015 states the injured worker is tolerating the chiropractic care. A progress note dated August 13, 2015 states the injured worker experienced a 30% in pain from her medication regimen. The note also states the injured worker experiences improved range of motion from the TENS unit. The following equipment; cervical pillow and TENS patches, are requested to provide support and alleviate pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical pillow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back-Online Version-Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Pillow.

Decision rationale: MTUS Guidelines do not directly address this issue; ODG Guidelines address this issue and support at least a trial of a cervical pillow in conjunction with a cervical exercise program. This individual has had physical therapy and chiropractic care, which supports the conclusion that she is performing some sort of exercise program. The use of a cervical pillow is supported in the Guidelines and is medically necessary.

TENS patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS, BlueCross BlueShield: TENS, CMS: The use of TENS, Aetna and Humana, VA: TENS, European Federation of Neurological Societies (EFNS): TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-118.

Decision rationale: Guidelines do not support the long term use of a TENS unit unless very specific criteria are met i.e. clear documentation of use patterns, documentation of improvements in pain, diminished need for other treatments and functional improvements. There is a statement that a TENS unit has improved shoulder ROM, but the other essential parameters to justify continued use are missing. There are no unusual circumstances to justify an exception to Guidelines. The TENS patches are not supported by Guidelines and are not medically necessary.