

Case Number:	CM15-0192374		
Date Assigned:	10/06/2015	Date of Injury:	09/16/2002
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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: Pennsylvania, Ohio, 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 72 year old female, who sustained an industrial-work injury on 9-16-02. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and sprain, with left upper extremity radiculitis, and left shoulder tendinitis, bursitis and impingement. Treatment to date has included pain medication, computerized axial tomography (CT scan) scan of the cervical spine (the results are not noted), off of work and other modalities. Medical records dated 9-11-15 indicate that the injured worker complains of increased neck pain since July. She reports joint pain and muscle spasms, depression, difficulty sleeping, headaches, dizziness and numbness. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 9-11-15, the injured worker is not working and is retired. The physical exam dated 9-11-15 reveals forward head carriage and shoulder rolled forward. There is tenderness and muscle spasm noted over the paraspinal musculature bilaterally, and Spurling's maneuver is positive eliciting radicular symptoms into the mid arm. The cervical range of motion is decreased. There is lumbar tenderness and muscle spasm bilaterally and she ambulates with a slow guarded gait and wide stance. The physician indicates that the injured worker requires treatment to decrease pain and muscle spasm, increase activities of daily living (ADL), and decrease medication use. She requires cervical collar for improved posture and increase activities of daily living (ADL). The moist heating pad is recommended to decrease pain, muscle spasm and medication use. The current medications include, Tylenol #4, Gabapentin and Naproxen. The request for authorization date was 9-11-15 and requested services included transcutaneous electrical nerve stimulation (TENS) unit, Vista

cervical collar, and Moist heating pad. The original Utilization review dated 9-24-15 non-certified the request for Transcutaneous electrical nerve stimulation (TENS) unit, Vista cervical collar, and Moist heating pad as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

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

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. This request is not medically necessary.

Vista cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: ACOEM supports a possible minimal role for cervical collars early in the course of an injury but not at all in the chronic phase such as this injury. The records do not provide an alternative rationale for this request. The request is not medically necessary.

Moist heating pad: 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), Treatment Index, 13th Edition (web), 2015, Neck and Upper Back, Heat/Cold applications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 3 Treatment.

Decision rationale: Low-tech thermal modalities are generally helpful in the acute phase of an injury. Prolonged or high-tech applications of thermal modalities are rarely indicated except in very specifically defined situations such as an immediate post-operative period after some surgeries. ACOEM recommends heat or cold "during the acute to subacute phases for a period of 2 weeks or less." The current request appears to be for chronic treatment. This request is not supported by the treatment guidelines and thus is not medically necessary.