

Case Number:	CM15-0207494		
Date Assigned:	10/26/2015	Date of Injury:	07/06/2012
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/21/2015

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 62 year old male, who sustained an industrial-work injury on 7-6-12. He reported initial complaints of neck pain. The injured worker was diagnosed as having right carpal tunnel syndrome. Treatment to date has included medication, surgery (cervical fusion on 9-25- 12), and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was reported mild carpal tunnel syndrome on 6-30-15. Currently, the injured worker complains of neck pinching pain with radiation into the right arm. There is right wrist constant numbness into all fingers. Pain level is 7 out of 10. Per the primary physician's progress report (PR-2) on 9-22- 15, exam noted positive joint pain, muscle spasm, numbness, stress, anxiety and difficulty sleeping symptoms. There was cervical tenderness with palpation and spasm and limited range of motion. The right wrist had tenderness with flexion and extension with positive Tinel's along with decreased sensation in hand. Current plan of care includes carpal tunnel cortisone injection under ultrasound guidance. The Request for Authorization requested service to include Ultrasound Guidance, Vista Cervical Spine Collar, and Interferential Unit. The Utilization Review on 10-2-15 denied the request for Ultrasound Guidance, Vista Cervical Spine Collar, and Interferential Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome, Ultrasound, diagnostic.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Review indicates EMG/NCS showed mild carpal tunnel syndrome. The request for cortisone injection under ultrasound guidance was modified to approve for the injection without need for ultrasound guidance. Per Guidelines, corticosteroid injections may produce short-term pain relief; however, in the long-term, they are less effective in providing pain relief and benefit with high recurrence rates when compared to physical therapy in a functional restoration approach. In addition, cortisone injections have some risks of tendon fraying and even rupture which may not be appropriate in certain patient. Corticosteroid injections may be recommended for diagnoses of de Quervain's tenosynovitis, Trigger finger, and in mild to moderate cases of CTS after failed treatment trial of splinting and medications as indicated here; however, ultrasound guidance has not been clearly indicated here without comorbidities or extenuating circumstances beyond guidelines recommendation. Submitted reports have not adequately demonstrated the indication or necessity to support for this injection under ultrasound guidance. The Ultrasound Guidance is not medically necessary and appropriate.

Vista Cervical Spine Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Cervical collar, post operative (fusion).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Cervical Collars, pages 577-578.

Decision rationale: Regarding the request for a cervical collar, guidelines states cervical collars have not demonstrated any lasting benefit, except for the first few days in severe cases and may in fact, cause weakness and debilitation from its prolonged use of immobilization. ODG also does not recommend cervical collars for neck sprain and strain or even post one-level cervical fusion due to lack of scientific benefit from bracing. Submitted reports have not adequately demonstrated the indication or necessity for this cervical collar without clinical findings of instability for this chronic injury without report of acute flare, new injury, or progressive deterioration. The Vista Cervical Spine Collar is not medically necessary and appropriate.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The Interferential Unit is not medically necessary and appropriate.