MAXIMUS Federal Services

Case Number:	CM15-0208233		
Date Assigned:	10/27/2015	Date of Injury:	12/08/2013
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 47 year old male, who sustained an industrial injury, December 8, 2013. The injured worker was undergoing treatment for cervical degenerative disc disease, cervical radiculopathy, lumbar strain, cervicogenic headache and cervical stenosis. According to progress note of October 7, 2015, the injured worker's chief complaint was neck, low back pain and right shoulder pain. The pain was described as cramping, shooting, ache, dull, sharp, constant, on and off in the cervical spine, right shoulder and low back pain. The injured worker reported that any activity especially turning the neck, looking up and down, driving was very uncomfortable and associated with pain and worsening pain. According to the progress note traction, TENS (transcutaneous electrical nerve stimulator), therapy and pain medication was not able to provide the injured worker with relief. The examination of the cervical spine noted severe tenderness to palpation over the cranium to T1 including rhomboid and trapezius muscles with severe spasms predominantly on the right side. There was decreased range of motion in all planes of the cervical spine. The sensory exam noted decreased sensation at C5 and C6 on the right side. The motor exam noted decreased motor strength of the right trapezius. The deep tendon reflexes were diminished in the bilateral upper extremities. The injured worker previously received the following treatments physical therapy, home exercise program, Baclofen, Celebrex and Ranitidine. The RFA (request for authorization) dated October 7, 2015; the following treatments were requested TENS unit thirty day rental. The UR (utilization review board) denied certification on October 15, 2015; for the purchase of a cervical traction unit and a trail for a TENS unit for thirty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction, purchase: 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) Chronic Pain, Traction.

Decision rationale: The ODG indicates that studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. According to the documents available for review, the IW has been utilizing traction as a long term treatment. Therefore, at this time, the requirements for treatment had not been met and medical necessity has not been established.

Transcutaneous electrical nerve stimulation (TENS) unit, 30 day trial: 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: According to the MTUS, TENS is not recommended as a primary treatment modality, but a one-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 for the conditions described below: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker has none of the MTUS recommended indications for the use of a TENS unit. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.