

Case Number:	CM15-0021768		
Date Assigned:	02/11/2015	Date of Injury:	09/17/2014
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/05/2015

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, Hawaii

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 49 year old female, who sustained an industrial injury on 9/17/2014. She has reported an attack by a client with facial contusions, lacerations with suture repair, closed head trauma, cervical sprain/strain, back and left arm injury. The diagnoses have included cervical, thoracic, and lumbar sprain/strain, multilevel disc protrusion, lumbar spine disc desiccation, left shoulder osteoarthritis, left shoulder tendinitis, bursitis, and subcortical cyst. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), chiropractic therapy and acupuncture. Currently, the IW complains of back and left arm pain associated with numbness, cramping, and tingling. On 1/19/15, physical examination documented tenderness with palpation and spasms to thoracic and lumbar paraspinal and bilateral sacroiliacs, limited Range of Motion (ROM) secondary to pain, positive leg raise test, and tenderness to left upper trapezius muscle. There were positive impingement and apprehension signs. The plan of care included an orthopedic consultation and medication therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and cold pack/thermo unit. On 1/30/2015 Utilization Review non-certified a one month home trial neurostimulator/Transcutaneous Electrical Nerve Stimulation (TENS), one month supplies (electrode, batteries, and lead wires), Diazepam 5mg #60 no refill, and a cold pack/Thermal combo unit, noting the documentation did not support the medical necessity of the requested treatments. The MTUS ACOEM Guidelines were cited. On 2/5/2015, the injured worker submitted an application for IMR for review of one month home trial neurostimulator/Transcutaneous Electrical Nerve Stimulation (TENS), one month supplies

(electrode, batteries, and lead wires) , Diazepam 5mg #60 no refill, and a cold pack/Thermal combo unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Month Home Based Trial of Neurostimulator Prime Dual TENS-EMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The patient presents with pain in her neck and lower back. The current request is for One Month Home Based Trial of Neurostimulator Prime Dual TENS-EMS. The treating physician states, "She states that the pain that she has in her head comes and goes." (B.59) There is no further discussion of current request. The MTUS guidelines regarding Neuromuscular electrical stimulation for chronic pain state, Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In this case, the treating physician does not document that the patient is currently partaking in a Functional Restoration Program and there is no documentation of the patient having a stroke. The current request is not medically necessary and the recommendation is for denial.

One Month Supplies (Electrodes, Batteries and Lead Wires) To Use with Prescribed TENS/EMS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The patient presents with pain in her neck and lower back. The current request is for One Month Supplies (Electrodes, Batteries, and Lead Wires) To Use with Prescribed TENS/EMS Unit. The treating physician states, "She states that the pain that she has in her head comes and goes." (B.59) There is no further discussion of current request. The MTUS guidelines regarding Neuromuscular electrical stimulation for chronic pain state, Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In this case, the treating physician does not document that the patient is currently partaking in a Functional Restoration Program and there is no documentation of the patient having a stroke. Since the Neurostimulator is not medically

necessary the requested electrodes, batteries and lead wires are also not medically necessary. The current request is not medically necessary and the recommendation is for denial.

Diazepam 5 MG #60 with No Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with pain in her neck and lower back. The current request is for Diazepam 5 MG #60 with No Refill. The treating physician states, "She states that the pain that she has in her head comes and goes." (B.59) The treating physician indicates that the current request is a refill. There is no indication however, of when the original prescription occurred. MTUS page 24 states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the current request is a refill. This indicates that the patient has been prescribed this medication for longer than a 4 week timeframe, which is longer the timeframe allowed by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

Hot and Cold Pack/Thermal Combo Unit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter, Heat/Cold Applications

Decision rationale: The patient presents with pain in her neck and lower back. The current request is for Hot and Cold Pack/Thermal Combo Unit. The treating physician states, "She states that the pain that she has in her head comes and goes." (B.59) There is no further discussion of current request. The ODG guidelines state, Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. In this case, the current request is recommended with no restrictions or requirements for authorization. The current request is medically necessary and the recommendation is for authorization.