

Case Number:	CM15-0023231		
Date Assigned:	02/12/2015	Date of Injury:	02/16/2012
Decision Date:	12/09/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/06/2015

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, 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:

This is a patient with a date of injury of February 16, 2012. Notes indicate that the patient underwent a lumbar decompression surgery on May 22, 2012 with subsequent postoperative physical therapy. A report dated October 28, 2015 indicates that the patient underwent a cervical and lumbar MRI as well as electrodiagnostic studies. She reports ongoing pain in the upper and lower extremities but does not want surgery. The note indicates that the patient's medications "are helping to manage the pain." Physical examination findings reveal guarded range of motion in the neck with tender muscles. Normal sensation, reflexes are noted. A review of the MRI from September 30, 2015 of the cervical spine reveals severe bilateral foraminal stenosis at C4-5 and C5-6 with severe right and mild left foraminal stenosis at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended shoe horn: 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), Knee and Leg, Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Durable medical equipment (DME).

Decision rationale: Regarding the request for a Extended shoe horn, California MTUS does not address the issue. ODG states certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Within the documentation available for review, there is no explanation as to why an extended shoehorn would be needed in this particular case. In the absence of such documentation, the currently requested extended shoehorn is not medically necessary.

TENS 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: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Cervical ESI: 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): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injection.

Decision rationale: Regarding the request for cervical epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. ODG states that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. They go on to state that if there is a documented exception to guidelines, they may be performed, provided they are not done at higher than C6-7 level, cervical interlaminar injections are not recommended, and particulate steroids should not be used. Diagnostic epidurals may be performed when diagnostic imaging is ambiguous. Within the documentation available for review, the requesting physician has not identified why the patient would be an exception to guideline recommendations against Cervical ESI. If there is a reason why the patient would be an exception, there remains no recent subjective complaints or physical examination findings supporting a diagnosis of radiculopathy, and no documentation of recent failed conservative treatment. Additionally, there is no documentation that the procedure will be performed without particulate steroid, and using a non-interlaminar approach. In the absence of such documentation, the currently requested cervical epidural steroid injection is not medically necessary.

Pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit page Number 52; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it appears the patient has pain corroborated by physical examination findings. Additionally, there seems to be difficulty providing the appropriate documentation to support current requests. It is possible that an evaluation by a pain management doctor would reveal other treatment options available to assist this patient. Unfortunately, guidelines do not support open-ended requests for "treatment." There is no provision to modify the current request to allow for evaluation only. As such, the currently requested pain management evaluation and treatment is not medically necessary.

Norco 10/325mg #120: Overturned

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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged, that there should be better documentation of functional improvement and analgesic efficacy as well as better monitoring for aberrant use. However, a one-month prescription, as requested here, should allow the requesting physician time to document those items. As such, the currently requested Norco is medically necessary.