

Case Number:	CM15-0222849		
Date Assigned:	11/18/2015	Date of Injury:	01/07/2008
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/12/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old female, who sustained an industrial injury on 1-7-2008. A review of the medical records indicates that the injured worker is undergoing treatment for closed head trauma, thoracic outlet syndrome, chronic headaches, and sleep apnea. The Primary Treating Physician's report dated 10-15-2015, noted the physical examination showed a positive Adson's test suggesting thoracic outlet syndrome. The treatment plan was noted to include recommendations for a course of acupuncture, a cervical memory pillow, and TENS unit supplies, an ergonomic work station, and a consultation with a thoracic outlet specialist, and a 30 day supply of oral and transdermal anti-inflammatory and analgesic medications. The injured worker's work status was noted to be placed on modified work duty. The request for authorization dated 10-15-2015, requested a cervical memory pillow purchase, electrodes times 10 purchase, and batteries times 10 purchase. The Utilization Review (UR) dated 10-28-2015, non-certified the requests for a cervical memory pillow purchase, electrodes times 10 purchase, and batteries times 10 purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical memory pillow; purchase: 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), Neck and Upper Back Chapter - Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, Cervical Pillow.

Decision rationale: This claimant was injured in 2008. There was closed head trauma, thoracic outlet syndrome, chronic headaches, and sleep apnea. Treatment was acupuncture, this pillow, and TENS unit and supplies. There is no mention of a successful TENS trial. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the neck section: Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007) It is not clear the pillow usage is in coordination with a daily assigned exercise regimen. From a clinical perspective, the request is not medically necessary.

Electrodes times 10; purchase: 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: This claimant was injured in 2008. There was closed head trauma, thoracic outlet syndrome, chronic headaches, and sleep apnea. Treatment was acupuncture, this pillow, and TENS unit and supplies. There is no mention of a successful TENS trial. The MTUS notes that 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. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) - Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) - Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. As a TENS is not supported, the supplies also are not supported. The request is appropriately not medically necessary.

Batteries times 10; purchase: 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: As shared previously, this claimant was injured in 2008. There was closed head trauma, thoracic outlet syndrome, chronic headaches, and sleep apnea. Treatment was acupuncture, this pillow, and TENS unit and supplies. There is no mention of a successful TENS trial. The MTUS notes that 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. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) - Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) - Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. Again, as the TENS is not supported, the supplies for such is not supported. The request is appropriately not medically necessary.