

Case Number:	CM15-0059069		
Date Assigned:	04/03/2015	Date of Injury:	02/05/2010
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/27/2015

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: Emergency 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 56-year-old female who reported an injury on 02/05/2010. The mechanism of injury was not provided. Prior treatments included a brace as needed, the use of the gym and medications. The injured worker also underwent trigger point injections. The documentation of 03/13/2015 revealed the injured worker had numbness and tingling and pain in her hands. The injured worker was waking up every 3 to 4 hours and could not find a comfortable position. It was noted there had been a request for an MRI of the cervical spine previously. The physical examination revealed tenderness across the cervical paraspinal muscles, pain along the facets and pain with facet loading. The injured worker had pain in the bilateral carpal tunnels and a positive Tinel's bilaterally more so on the left. The diagnoses included neck pain due to myofascial syndrome with trigger points in the right trapezius and cervical paraspinals and referred pain in the right arm which was noted to have responded to trigger point injections in the past. Other diagnoses included right medial and lateral epicondylitis, bilateral shoulder impingement right greater than left, right thumb CMC joint arthritis and ring finger PTP joint inflammation on the right hand. The injured worker was noted to be working full time and the request was made for an MRI of the cervical spine, cervical traction with air bladder, cervical pillow and hot and cold wrap as well as replacement of TENS pad for the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, cervical spine, per 03/13/2015 order Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines indicate that for most injured workers presenting with true neck or upper back problems, special studies are not needed unless there has been a 3 to 4 week period of conservative care and observation that fails to improve symptoms. The criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or the clarification of anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide documentation of myotomal or dermatomal findings to support the need for an MRI. There was a lack of documentation of a failure of conservative care as the specific conservative care was not provided. Given the above, the request for MRI without contrast, cervical spine, per 03/13/2015 order Qty: 1.00 is not medically necessary.

Cervical traction with air bladder, per 03/13/2015 order Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 Chapter, Traction.

Decision rationale: The Official Disability Guidelines indicate that cervical injured worker controlled traction is appropriate for injured workers with radicular symptoms in conjunction with a home exercise program. The clinical documentation submitted for review failed to provide documentation the injured worker would be performing a home exercise program in conjunction with the use of the cervical traction. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for Cervical traction with air bladder, per 03/13/2015 order Qty: 1.00 not medically necessary.

Cervical pillow, per 03/13/2015 order Qty: 1.00: 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 & Upper back.

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 Chapter, Pillow.

Decision rationale: The Official Disability Guidelines indicate that a neck support pillow is appropriate while sleeping in conjunction with daily exercises and that neither the sleep pillow nor the exercises alone would be appropriate. The clinical documentation submitted for review failed to provide documentation the injured worker would be utilizing the pillow in conjunction with daily exercise. Given the above, the request for Cervical pillow, per 03/13/2015 order Qty: 1.00 is not medically necessary.

Replacement of TENS pad, per 03/13/2015 order Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California Medical Treatment & Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide documentation the injured worker would utilize the TENS pads and TENS unit in conjunction with a home exercise program. Additionally, the documentation failed to include documentation of objective functional improvement and an objective decrease in pain with the use of the unit. Given the above, the request for Replacement of TENS pad, per 03/13/2015 order Qty: 1.00 is not medically necessary.

Hot and cold wrap, cervical spine, per 03/13/2015 order Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The ACOEM Guidelines indicate that at home local applications of cold packs during the first few days of an acute complaint are appropriate, thereafter applications of heat packs are appropriate. The clinical documentation submitted for review failed to provide a rationale for the use of a hot and cold wrap. There was a lack of documentation indicating the injured worker could not utilize at home local applications. Given the above, the request for Hot and cold wrap, cervical spine, per 03/13/2015 order Qty: 1.00 is not medically necessary.