

Case Number:	CM15-0243069		
Date Assigned:	12/22/2015	Date of Injury:	04/23/2012
Decision Date:	01/29/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/14/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 male, who sustained an industrial injury on 4-23-2012. Diagnoses include cervicalgia, carpal tunnel syndrome, lumbar sprain-strain, thoracic sprain-strain, low back pain, chronic pain syndrome, anxiety, and depression. Treatments to date include activity modification, therapeutic cane, TENS unit, and medications. On 9-23-15, he complained of a new symptom documented as "feels bugs crawling" in bilateral upper extremities. The physical examination documented tenderness to cervical, thoracic, lumbar areas and bilateral hips with muscle spasms noted. The plan of care included a request for a trial of cervical traction. The appeal requested authorization for cervical traction and cervical pillow and four (4) TENS unit patches. The Utilization Review dated 11-24-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction.

Decision rationale: MTUS is silent specifically regarding traction devices. ODG states, "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy . . . For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction". The treating physician does document radicular symptoms and neurologic deficits in the upper extremities to justify traction. As such the request for Cervical traction is medically necessary.

Cervical pillow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of cervical pillows. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details, "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who is not sick or injured; appropriate to be used in your home. The request for a cervical pillow meets guidelines for DME. The medical documentation provided indicates ongoing cervical pain and difficulty sleeping due to pain. As such, the request for cervical pillow is medically necessary.

TENS unit patches x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS patches, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details, "Exercise equipment is considered not primarily medical in nature". Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who is not sick or injured; appropriate to be used in your home. TENS patches do meet criteria as durable medical equipment. The medical documentation provided indicates a greater than 40% reduction in pain with the use of the TENS unit. As such, the request for TENS unit patches x 4 is medically necessary.