

Case Number:	CM14-0138027		
Date Assigned:	09/05/2014	Date of Injury:	08/21/2006
Decision Date:	10/24/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 8/21/06. A utilization review determination dated 8/4/14 recommends non-certification of muscle stimulator and hot/cold therapy unit. Cervical collars were certified. 7/30/14 medical report identifies neck pain radiating into the shoulders and arms with weakness and numbness, right worse than left. On exam, right biceps reflex is 1+ right and 2+ left, sensory and motor are decreased C5 and C6 bilaterally, Spurling's sign is positive bilaterally, there is tenderness and spasms with limited ROM. Surgery was requested in the form of ACDF C4-5 and C5-6, expedited due to "myeloradiculopathy and her progressive symptoms." A hot/cold therapy unit was recommended for modulation of heat and cold and a muscle stimulator for muscle reeducation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent muscle stimulator: 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 Chapter (updated 05/30/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

Decision rationale: Regarding the request for muscle stimulator, Chronic Pain Medical Treatment Guidelines state that NMES is not recommended as it is used primarily as part of a rehabilitation program following stroke. Within the documentation available for review, there is no indication that the concurrently requested surgery was authorized. Regardless, there is no clear indication for NMES in the postoperative rehabilitation of the cited injury/surgery and there is no clear rationale presented for its use in this patient despite the recommendations of the CA MTUS. In light of the above issues, the currently requested muscle stimulator is not medically necessary.

Urgent hot/cold therapy unit: 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 Chapter (updated 05/30/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Continuous-flow cryotherapy, Heat/cold applications

Decision rationale: Regarding the request for hot/cold therapy unit, CA MTUS states that continuous-flow cryotherapy is not recommended in the neck. Recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. They also note that 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 effects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. Within the documentation available for review, there is no indication that the concurrently requested surgery was authorized. Regardless, there is no clear indication for a hot/cold therapy unit as a formal cold therapy unit is not supported for the neck and there is no clear rationale for this unit rather than simple hot and/or cold packs to manage postoperative pain, swelling, inflammation, etc. In light of the above issues, the currently requested hot/cold therapy unit is not medically necessary.