

Case Number:	CM14-0143429		
Date Assigned:	09/10/2014	Date of Injury:	07/16/2010
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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 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:

The injured worker is a 57-year-old female who reported an injury on 07/16/2010. The mechanism of injury was not provided. Diagnoses included C5 to C7 anterior cervical fusion, and L4-5 degenerative spondylolisthesis with stenosis and spondylosis. Past treatments included medications. Diagnostic testing was not provided. Surgical history included a C5 to C7 anterior cervical fusion on 09/13/2011. The clinical note dated 08/08/2014 indicated the injured worker complained of neck pain radiating down her left arm. Physical exam revealed decreased range of motion of the cervical spine with flexion of 30 degrees, extension of 45 degrees, and rotation of 30 degrees. The neurologic exam for the upper extremities was noted as intact. Current medications included Soma, Norco, and a compounded lotion of Capsaicin, menthol, and methyl salicylate. The treatment plan included a cervical pillow for the cervical spine, and TENS unit for the cervical spine. The rationale for the request was pain relief and support. The request for authorization form was completed on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Cervical pillow for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 2-Summary of Recommendations.

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

Decision rationale: Official Disability Guidelines recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. It was 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. The injured worker complained of neck pain radiating down the left arm. Physical exam revealed decreased range of motion of the cervical spine. There is a lack of clinical documentation to indicate the injured worker was participating in a daily exercise program, and had also been trained in the appropriate use of the neck support pillow. Therefore, the request for 2 cervical pillow for the cervical spine is not medically necessary.

TENS unit for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Transcutaneous electrotherapy, Page(s): 114-116..

Decision rationale: The California MTUS Guidelines indicate that TENS is not recommended as a primary treatment modality, but a 1 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. The criteria for use of TENS includes documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, and a 1 month trial period of the TENS unit should be documented including 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 is a lack of clinical documentation to indicate that the injured worker previously completed a 1 month trial of a TENS unit including documentation of quantified pain relief and improvement in function. A TENS trial is preferred prior to purchase of the unit. In addition, the submitted request does not specify the frequency or duration of use. Therefore, the request for TENS unit for the cervical spine is not medically necessary.