

Case Number:	CM14-0160768		
Date Assigned:	10/06/2014	Date of Injury:	03/03/2003
Decision Date:	11/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 48-year old female with a work injury dated 3/3/3. The diagnoses include cervical musculoligamentous sprain/strain; lumbar spine hernia nucleus pulposus with evidence of radiculopathy in the lower extremities; metatarsalgia; gastritis secondary to anti-inflammatory; insomnia; anxiety. Under consideration are requests for Tens Unit rental 30 day trials and cervical pillow. There is a PR-2 document dated 08/21 /14 indicates that the patient has persistent pain in the neck and lower back rated at a 6/10. The patient notes that the pain is constant in nature and it remains unchanged since last visit. The lower back pain radiates into the right thigh with numbness and tingling sensation. The patient does take Norco which reduces pain from a level of 6/10 down to a 3/10. The patient is currently not working. The cervical spine exam shows slight tenderness to the suboccipital region as well as trapezius equally, slight decreased strength graded 4+/5 bilaterally and sensation at bilateral C5, C6, C7 and C8. Lumbar spine examination shows slightly decreased range of motion but it has improved since last visit, tenderness over the paraspinal muscles, right greater than the left, positive Kemp's test on the right, and decreased sensation on the right L4 dermatome. The treatment plan includes a consultation with gastroenterologist, chiropractic treatment for the lumbar spine and cervical spine, cervical pillow and TENS unit 30-day trial. Patient continues to be temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-treatment for Worker's compensation- Neck & Upper Back Procedure Summary last updated 8/4/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper back-pillow

Decision rationale: Cervical pillow is not medically necessary per the ODG guidelines. The MTUS does not address cervical pillow. The ODG states that a support pillow can be used in conjunction with daily exercise. The documentation is not clear that the patient is performing a daily home exercise routine. The request for cervical pillow is not medically necessary.

Tens Unit rental 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENSs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Neuromuscular electrical stimulation (NMES devices) Page(s): 114-.

Decision rationale: Tens unit rental 30 day trial is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a Tens unit 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 of neuropathic pain; MS; Spasticity; CRPS II; phantom limb pain. The MTUS states that a TENS can be used for chronic intractable pain (for the conditions noted above) if there is - There is evidence that other appropriate pain modalities have been tried (including medication) and failed and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The one month trial should be used as an adjunct to ongoing treatment modalities within a functional restoration approach). The documentation is not clear whether the patient has attempted TENS in therapy and what the outcome was from prior use. The documentation does not have evidence of a treatment plan with the one month trial. Furthermore, a DME request for indicates that the request is actually for a Prime Dual - TENS/EMS Unit. The MTUS does not support EMS and states that NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The request for Tens unit rental 30 day trial is not medically necessary.