

Case Number:	CM14-0212815		
Date Assigned:	12/30/2014	Date of Injury:	04/01/2000
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55-year-old gentleman with a date of injury of 04/01/2000. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/07/2014 and 11/20/2014 indicated the worker was experiencing lower back pain, neck pain that went into the shoulders with burning and tingling of the hands and arms, right knee pain with instability, leg weakness, constipation, problems controlling the bladder and urgency, headaches, pain in the shoulder blade area, GI upset due to medications, problems swallowing, and recurrent falls. Documented examinations consistently described a painful walking pattern with a cane, moderate lower and upper back spasm, decreased motion in the upper and lower back joints, positive testing involving raising each straightened leg, tenderness in the mid-back with spasm, mild swelling and tenderness involving the right knee, decreased motion in the right knee, and positive Spurling's signs on both sides. The submitted and reviewed documentation concluded the worker was suffering from lumbar and cervical radiculopathy, dysphagia, bilateral arm weakness with paresthesias, secondary GERD, secondary hypertension, constipation with probable hemorrhoids, right knee pain, cervicogenic headaches, and urinary urgency with incontinence. Treatment recommendations included medications, additional upper back surgery, consultation with an orthopedic specialist about the right knee, consultation with gastroenterology and urology, purchase of a cervical collar, a shower chair, purchase of a TENS unit, and follow up care. A Utilization Review decision was rendered on 12/20/2014 recommending non-certification for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit and a cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Collars (cervical)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181.

Decision rationale: The ACOEM Guidelines support the use of a cervical collar or bracing only for short-term use in the setting of severe problems, such as central cord compression. This treatment has not been shown to have any benefit except for comfort in the first few days following severe injury or conditions. Longer use can result in weakness and can worsen the worker's function. Specifically this treatment is not recommended for longer than one to two days. The submitted and reviewed records concluded the worker was suffering from lumbar and cervical radiculopathy, dysphagia, bilateral arm weakness with paresthesias, secondary GERD, secondary hypertension, constipation with probable hemorrhoids, right knee pain, cervicogenic headaches, and urinary urgency with incontinence. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the purchase of a Cervical Collar is not medically necessary.

1 Purchase of transcutaneous electrical nerve stimulation: 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 Transcutaneous Electrotherapy. Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating any of the conditions or situations described above, detailing the results of a one-month TENS trial or the circumstances under which it was

done, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for the purchase of a Transcutaneous Electrical Nerve Stimulation (TENS) unit is not medically necessary.