

Case Number:	CM14-0214900		
Date Assigned:	01/07/2015	Date of Injury:	10/23/2013
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year-old male with a 10/23/2013 date of injury. The 12/10/14 utilization review letter states they reviewed a 12/5/14 RFA form, and a 10/28/14 report, but these reports were not provided for this review. According to the 9/30/14 orthopedic report, the patient presents with 6/10 low back pain, 7/10 left knee pain, 5/10 left foot/ankle pain and 7/10 left shoulder pain and left sided cervical spine pain. Hydrocodone is reported to decrease the pain levels by 4 points on the VAS, and improve function with grocery shopping, light house duties, food preparation, grooming and bathing. She had improved tolerance to activities and improved range of motion. Physical examination showed 4/5 strength in the left shoulder, and EMG/NCV from 8/29/14 showed bilateral C5 and C6 radiculopathy. The physician requests the cervical MRI to objectify the EMG findings and assist with the treatment planning. The physician recommends continuing the TENS trial, stating it "facilitates diminished in pain and improve tolerance to activity/function" On 12/10/2014 utilization review denied hydrocodone because the reviewer did not see any functional gain; cervical MRI was denied due to lack of cervical spine pain or radicular symptoms; TENS supplies were denied because the reviewer did not see functional improvement with use of TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: According to the 9/30/14 orthopedic report, the patient presents with 6/10 low back pain, 7/10 left knee pain, 5/10 left foot/ankle pain and 7/10 left shoulder pain and left sided cervical spine pain. Hydrocodone is reported to decrease the pain levels by 4 points on the VAS, and improve function with grocery shopping, light house duties, food preparation, grooming and bathing. She had improved tolerance to activities and improved range of motion. The MTUS criteria for opioids pages 74- 96 require documenting pain and functional improvement and comparing it to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. The physician has shown decreased pain by 4 points on a VAS, and improvement in function with improved ROM and tolerance to activities of daily living. This is a satisfactory response. Based on the provided medical reports, the request for Hydrocodone 10/325mg #60 is medically necessary.

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172; 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (TWC) Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the 9/30/14 orthopedic report, the patient has shoulder and neck pain, there was 4/5 strength in the shoulder muscles and electrodiagnostics were reported to show abnormalities suggestive of bilateral C5 and C6 radiculopathy. The orthopedist wanted a cervical MRI to assist in developing a treatment plan. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8 "Neck and Upper Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg. 177-178 states: For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. In the provided medical records from 6/18/14 through 12/4/14, it appears that the first mention of cervical pain is on the 9/30/14 report. The 9/30/14 report discusses an EMG/NCV study performed on 8/29/14 that shows C5 and C6 radiculopathy. The patient was reported to have had conservative care including activity modification, PT and medications and still has neck and shoulder pain persisting over 4-weeks. The request for the cervical MRI appears to be in accordance with the MTUS/ACOEM guidelines. The request for MRI of the cervical spine is medically necessary.

Supplies for TENS: Upheld

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

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

Decision rationale: On the 8/12/14 report, the patient was noted to have some benefit with a TENS unit used during physical therapy. The patient was provided a 30-day trial of TENS. By 9/30/14 the physician notes improvement with the TENS and requests an extension of the rental. There were no specific examples of how the TENS helped, or how often it was used, or how long the benefits lasted. MTUS Chronic Pain Medical Treatment Guidelines, page 114-121, Criteria for the use of TENS states: A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The MTUS criteria for documentation of TENS usage during the trial period has not been met. The continued use of TENS would not be in accordance with the guidelines; therefore the supplies associated with the usage of TENS would not be necessary. The request for Supplies for TENS is not medically necessary.