

Case Number:	CM14-0215227		
Date Assigned:	01/02/2015	Date of Injury:	01/30/2014
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 58-year-old man who sustained a work-related injury on January 30, 2014. Subsequently, he developed chronic neck pain. Prior treatments included: medications, chiropractic treatment x6, acupuncture x6, physical therapy (one or 2 sessions which the patient believed were of little help and actually exacerbated his symptoms), and cervical epidural steroid injection in June of 2014. According to a progress report dated November 14, 2014, the patient complained of pain at the neck that was constant, dull, and aching with intermittent sensations of sharp, stabbing, burning pain radiating to the left shoulder. He rated the pain a constant 6/10 with exacerbation to 10/10. He noted that the pain became worse when he moved into either extension or flexion of the neck and if he reached either forward or upward with his left arm, which can cause exacerbation of a shooting shock-like pain down the left arm to the level of the wrist. Examination of the cervical spine revealed limited range of motion due to pain. There was moderate to severe tenderness on palpation of the paracervicals and the greater occiput bilaterally. There was also tenderness on palpation of the upper parathoracic musculature. Examination of bilateral shoulders revealed a restricted range of motion bilaterally and tenderness on palpation. Rotator cuff strength was 5/5 for the right shoulder and 4/5 for the left shoulder. MRI of the cervical spine dated April 15, 2014 showed a 3mm disc herniation at C3-4 with left greater than right foraminal stenosis. The progress report dated December 15, 2014 did not document any improvement in the patient's symptoms. The patient was diagnosed with cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit x 3 month trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for neck disorders. Therefore, the prescription of TENS is not medically necessary.

Physical therapy x 1 to assess for cervical traction: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is “Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall

success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) There is no documentation of objective findings that the patient condition needed physical therapy. The patient underwent several physical therapy sessions without documentation of clear benefit.