

Case Number:	CM15-0110456		
Date Assigned:	06/17/2015	Date of Injury:	12/26/2014
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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 injured worker is a 38 year old female who sustained an industrial injury on 12/26/14 from repetitive lifting per doctor's first report of occupational injury (12/16/14). She currently complains of neck pain that radiates into the shoulders, arms and hands (greater on the left) with numbness and tingling in all fingers of both hands. She has a positive Spurling sign on the left. Diagnoses include cervical, lumbar spine sprain/ strain; lateral epicondylitis; tendonitis wrist; carpal tunnel release; plantar fasciitis. Medications were not specifically identified. Treatments to date include physical therapy (2012). Diagnostics include MRI of the lumbar spine (3/3/15) showing posterior disc bulge; electromyography/ nerve conduction study of the upper extremities (3/24/15) showing evidence of acute left C5-6 cervical radiculopathy; MRI of the cervical spine (4/30/15) showing mild degenerative changes. In the progress note dated 5/4/15 the treating provider's plan of care includes requests for orthopedic consult; solar conditioning and force stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar card and force stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous electrotherapy Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documented short-term or long-term goals of treatment with the X-Force Solar care unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Unit without previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. MTUS guidelines recommend TENS as an option for acute post-operative pain and states TENS is most effective for mild to moderate thoracotomy pain; however, it has been shown to be off lesser effect or not at all effective for other orthopedic surgical procedures. Additionally, a form-fitting TENS device is only considered medically necessary with clear specific documentation for use of a large area that conventional system cannot accommodate or that the patient has specific medical conditions such as skin pathology that prevents use of traditional system, that demonstrated in this situation. The Solar card and force stimulator is not medically necessary and appropriate.

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back, Chapter 8, pages 180 and 183.

Decision rationale: Guidelines support surgical consultation for the purpose of clarification of the treatment plan and diagnosis when there are presentations of persistent, severe and disabling symptoms with red-flag conditions identified to suggest possible instability, failure to increase in range in therapy with extreme progression of symptoms, and neurological deficits of muscular strength and specific sensory loss to suggest a surgical lesion that is imaging confirmed. Submitted reports have not adequately demonstrated support for this orthopedic consultation. The Orthopedic consultation is not medically necessary and appropriate.