

Case Number:	CM15-0111545		
Date Assigned:	06/18/2015	Date of Injury:	05/01/2009
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 1, 2009. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for a TENS device and a cervical collar. The claims administrator referenced an April 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 30, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant reported that he had been symptomatic the preceding six years. 9/10, severe, and reportedly "disabling" pain were present. The applicant reported being bedridden secondary to pain, it was stated towards the top of report. The applicant did have comorbid diabetes, it was acknowledged. The applicant had undergone earlier shoulder surgery, earlier vasectomy, and earlier carpal tunnel release surgery, it was acknowledged. The applicant was not working and unemployed, it was reported in occupational history section of the note. The applicant was severely obese, with a BMI of 37. A cervical collar, TENS unit, shoulder corticosteroid injection, MRI imaging of the shoulder, physical therapy, and plain films of the cervical spine and shoulder were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for a transcutaneous electrical nerve stimulator (TENS) unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during earlier one-month trial of the same, with evidence of favorable outcomes present in terms of both pain relief and function. Here, however, the attending provider seemingly prescribed and/or dispensed the TENS unit in question on April 30, 2015, without having the applicant first undergo a one-month trial of the same. Therefore, the request was not medically necessary.

Cervical Collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Similarly, the request for a cervical collar was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 8, Table 8-8, page 181, the usage of cervical collar for more than one to two days is deemed "not recommended" in the evaluation and management of the applicant's with neck complaints, as were/are present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, thus, the attending provider's concurrent pursuit of two separate passive modalities, namely a TENS unit and a cervical collar, thus, ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.