

Case Number:	CM15-0129705		
Date Assigned:	07/16/2015	Date of Injury:	04/06/2009
Decision Date:	08/12/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old male with an April 6, 2009 date of injury. A progress note dated May 7, 2015 documents subjective complaints (neck pain rated at a level of 8/10), objective findings (grade 3 tenderness to palpation over the paraspinal muscles; restricted range of motion of the neck; positive cervical compression and distraction tests), and current diagnoses (cervical spine disc herniation with radiculopathy; depression, situational; sleep disturbance secondary to pain). Treatments to date have included physical therapy, medications, cervical facet joint injections, and magnetic resonance imaging of the cervical spine (September 4, 2013; showed three small degenerative discs at C4-5, C5-6, and C6-7). The treating physician documented a plan of care that included a hot and cold unit with pump, prime interferential unit, and a cervical pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold unit with pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Cold/heat packs.

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

Decision rationale: According to the guidelines, cold packs are recommended in the acute phase of pain and hot packs thereafter. In this case, the claimant's injury is remote. The use, length, frequency of use was not specified. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications. The request for a hot cold therapy unit is not medically necessary.

Prime interferential therapy (IF 4000): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118, 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 118.

Decision rationale: According to the guidelines an IF unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. In this case, the claimant's therapy is on hold, there is a plan for surgery and adjunctive modalities as above were not clarified. The request for an IF unit with details on use was not specified. The request for an IF unit is not medically necessary.

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter and pillow - pg 40.

Decision rationale: According to the guidelines, pillows are recommended while sleeping, in conjunction with daily exercise. In this case, the therapy was on hold surgery was pending. The request for a pillow at this time is not justified based on lack of recommendations mentioned regarding exercise. The request for a pillow therefore is not medically necessary.