

Case Number:	CM15-0177632		
Date Assigned:	09/18/2015	Date of Injury:	04/01/2000
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 55-year-old male who sustained an industrial injury on 4/1/00, due to cumulative trauma. He underwent C5/6 fusion in 2003. The 6/18/15 treating physician report indicated that the injured worker came in earlier than scheduled secondary to a flare-up of grade 10/10 lower back pain radiating into the left lower extremity to the toes. He reported that his current medications worked well when not having a flare-up but he wanted something additional for the current increased intensity of pain. Additional complaints included neck pain radiating to the shoulders, elbows, thumbs, and fingers, shoulder pain radiating to the upper extremities, interscapular pain with a sensitive spot from T3-T8, and bilateral wrist and hand tingling increased with forearm grip. He had gastrointestinal upset due to medication use. He had dysphagia due to the screws pushing forward in the neck because they had been dislodged. He had a history of falls and loss of balance attributed to chronic low back and leg pain. Functional difficulty was noted in activities of daily living. Cervical spine exam documented slight to moderate paracervical muscle spasms, mild to moderate loss of range of motion, and positive bilateral Spurling's sign. The cervical spine MRI performed 3/5/14 showed prominent left uncovertebral hypertrophy at C4/5 encroaching upon the left neural foramina, and narrowing of the C6 interspace with spondylosis of adjacent margins. The diagnosis included cervical radiculopathy, status post C5/6 fusion in 2003 with significant residuals, and post-operative dysphagia due to cervical surgery, currently stable and improved. The treatment plan recommended a cervical collar for use during flare-ups of neck pain, and shower chair because of difficulty due to neck and back pain, and he became tired easily and needed to sit down.

Authorization was requested for a TENS unit as the 5/20/13 AME indicated that the TENS unit might be reasonable for a 30-day trial. Since in retrospect this had helped, a TENS unit purchase was requested. Other recommendations indicated that a report had been obtained from the neurosurgery consultation on 5/21/14, indicating recommendation of for removal of instrumentation at C5/6, exploration of fusion at C4/5, C5/6, and C6/7, and anterior cervical discectomy and fusion with instrumentation from C4-C7. Authorization was requested for a cervical collar, a shower chair, and purchase of a TENS unit. The 8/20/15 utilization review non-certified the requests for one cervical collar, one shower chair and one transcutaneous electrical nerve stimulation unit purchase as the associated surgery was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Collars (cervical).

Decision rationale: The California MTUS guidelines recommend brief immobilization of the cervical spine as an option if pain was severe. Cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases. In fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual activities. The Official Disability Guidelines did not recommend cervical collars for neck sprains. Use of a collar may be appropriate for post-operative and fracture indications. Guideline criteria have not been met. A cervical collar was requested for use during flare-ups of neck pain. The request for cervical spine surgery was not found medically necessary. There is no guideline support for the episodic use of a cervical collar for flare-ups. There is no compelling rationale to support the medical necessity of this request as an exception to guidelines. Therefore, this request is not medically necessary.

1 Shower chair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Bathtub seats.

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Bathtub seats are considered a comfort or convenience item, hygienic equipment, & not primarily medical in nature. Guideline criteria have been met. This injured worker presents with reported limited standing tolerance due to his low back and leg pain. He has a history of falls due to balance issues. This request is reasonable to allow for independent function in bathing and for safety concerns. Therefore, this request is medically necessary.

1 Transcutaneous electrical nerve stimulator unit (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not recommend TENS (transcutaneous electrical nerve stimulation) as a primary treatment modality but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for chronic intractable pain. Criteria for a one-month trial of a TENS unit includes documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including specific short and long-term goals of treatment and other on-going pain treatment during the trial period. Guideline criteria have not been met for TENS unit purchase. There is no documentation that the injured worker had completed a one-month trial with evidence of how often the unit was used, and outcomes in terms of pain reduction and functional benefit. There is no compelling rationale to support the purchase of a TENS unit in the absence of a successful 30-day trial. Therefore, this request is not medically necessary.