

Case Number:	CM15-0178790		
Date Assigned:	09/21/2015	Date of Injury:	06/11/2002
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of June 11, 2002. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve requests for a TENS unit, cervical pillow, and lumbar support. The claims administrator referenced a July 30, 2015 office visit and an associated RFA form of the same date in its determination. On said July 30, 2015 office visit, the applicant reported ongoing complaints of neck, low back, knee, wrist, shoulder, and toe pain. The applicant was using a cane to move about. The applicant had developed derivative complaints of depression. The applicant was smoking a pack per day, it was reported. The applicant was given refills of morphine, Percocet, Flexeril, and Wellbutrin. A pain management consultation to optimize medication management, a replacement lumbar support, replacement cervical pillow, a knee brace, and replacement TENS unit were sought. The applicant was no longer working and had reportedly retired, it was suggested. The applicant was using a cane to move about, it was stated toward the top of the note and had difficulty with prolonged walking tasks, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of 4 lead transcutaneous electrical nerve stimulator (TENS) unit: Upheld

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

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

Decision rationale: No, the request for purchase of a 4-lead replacement TENS unit was not medically necessary, medically appropriate, or indicated here. The attending provider indicated on his July 30, 2015 progress note that the TENS unit in question was intended to replace a previously provided unit. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier 1-month trial of the same, with evidence of beneficial outcome in terms of both pain relief and function. Here, it did not appear that the previously provided TENS unit had proven particularly successful. The applicant had failed to return to work, it was acknowledged on July 30, 2015. While this could represent a function of age (71) as opposed to a function of the applicant's chronic pain complaints, the attending provider nevertheless failed to substantiate improvements in function in terms of parameters established in MTUS 9792.20e, with the previously provided TENS unit. The applicant remained dependent on a variety of opioid agents to include MS Contin and Percocet, it was acknowledged on July 30, 2015 and was having difficulty performing activities of daily living as basic as standing and walking, it was further noted on that date. All of the foregoing, taken together, strongly suggested that the applicant had failed to demonstrate functional improvement in terms of the parameters established in MTUS 9792.20e with the previously provided TENS unit. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that 2-lead TENS units are generally recommended and that attending providers should furnish compelling documentation as to why a 4-lead TENS unit is necessary. Here, the attending provider, however, failed to furnish clear or compelling evidence as to why a 4-lead TENS unit was being sought in favor of the more conventional 2-lead TENS unit recommended on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Purchase of cervical pillow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Cervical and Thoracic Spine Disorders, pg. 79 Recommendation: Neck Pillows for Acute, Subacute, or Chronic Cervicothoracic Pain.

Decision rationale: Similarly, the request for a cervical pillow was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Disorders Chapter notes there is no recommendation for or against the usage of specific commercial products such as the pillow in question as there is no quality evidence that said pillows have a role in the primary prevention of treatment of chronic neck pain, as was seemingly present here. The attending provider failed to furnish a clear or compelling rationale for provision of the pillow in question in the face of the tepid ACOEM position on the same. Therefore, the request was not medically necessary.

Purchase of back support insert: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Finally, the request for purchase of a back support was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, July 30, 2015, following an industrial injury of June 11, 2002. Introduction, selection, and/or ongoing usage of a lumbar support was not indicated at this late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.