

Case Number:	CM15-0078200		
Date Assigned:	04/29/2015	Date of Injury:	02/14/2012
Decision Date:	07/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 54 year old male, who sustained an industrial injury on February 14, 2012. The injured worker has been treated for neck, back and shoulder complaints. The diagnoses have included cervicalgia, left shoulder impingement with adhesive capsulitis and internal rotation contracture, right elbow recurrent lateral epicondylitis, bilateral hip pain, reflex sympathetic dystrophy syndrome and low back pain. Treatment to date has included medications, radiological studies, injections, facet blocks, left shoulder surgery, right shoulder surgery and a cervical fusion. Current documentation dated April 3, 2015 notes that the injured worker reported bilateral shoulder pain, stiffness and weakness, right greater than the left. The injured worker also noted right elbow compensatory pain and bilateral hip pain. Physical examination was not performed secondary to his recent cervical fusion. The treating physician's plan of care included a request for a neck roll, long reacher, reacher with suction cups and ACC cervical and lumbar nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment - Neck Roll, Cervical Spine: 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 Official Disability Guidelines: Neck and Upper back, Pillow.

Decision rationale: Neck roll is a cervical support pillow. Its use is recommended while sleeping, in conjunction with daily exercise. In this case the patient has undergone cervical spine surgery in February 21015. He is not participating in daily exercise. Conditions for use of neck roll have not been met. The request should not be authorized and therefore is not medically necessary.

Durable Medical Equipment - Long Reacher: 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 CMS National Coverage Determination for Durable Medical Equipment Reference List (280.1).

Decision rationale: The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. A reacher is a device used to grab those overhead items from shelves and cabinets without stretching or straining or to pick up items from the floor. The reacher does not meet the definition of DME. In addition there is no documentation that the patient has physical disabilities that interfere with reaching or picking up items from the floor. The reacher is not medically necessary. The request should not be authorized.

Durable Medical Equipment - Reacher With Suction Cups: 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 CMS National Coverage Determination for Durable Medical Equipment Reference List (280.1).

Decision rationale: The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. A reacher is a device used to grab those overhead items from shelves and cabinets without stretching or straining or to pick up items from the floor. The reacher does not meet the definition of DME. In addition there is no documentation that the

patient has physical disabilities that interfere with reaching or picking up items from the floor. The reacher is not medically necessary. The request should not be authorized.

ACC Cervical and Lumbar Nerve Blocks (Lumbar Spine, Cervical Spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46.

Decision rationale: Epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case the requests are for epidural steroid injections for cervical, thoracic, and lumbar spines. The patient had cervical spine surgery in February 2015 and is still in the postoperative recovery phase. There is no documentation of radiculopathy. Nerve blocks are not indicated. The request is not medically necessary and should not be authorized.

Transportation to/from ACC Cervical and Lumbar Nerve Blocks (Lumbar Spine, Cervical Spine): 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 Official Disability Guidelines: Knee & Leg, Transportation (to & from appointments).

Decision rationale: Transportation is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. In this case the patient does not need a nursing home level of care. In addition the ACC nerve blocks have not been authorized. Transportation back and forth to appointments is not indicated. The request is not medically necessary and should not be authorized.