

Case Number:	CM15-0127737		
Date Assigned:	07/14/2015	Date of Injury:	04/25/2011
Decision Date:	10/14/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/01/2015

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: North Carolina, Georgia
 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:

The injured worker is a 46 year old female, who sustained an industrial injury on 4/25/11. Initial complaint was of low back pain. The injured worker was diagnosed as having discogenic lumbar condition with radicular component down lower extremities EMG; chronic pain syndrome; discogenic cervical condition with facet inflammation; hip strain/sprain left; lumbar radiculopathy; diabetic sensory neuropathy; sleep disorder; depression. Treatment to date has included physical therapy; sacroiliac joint injection (12/29/11); status post excision left thigh lipoma surgery (6/26/13); TENS unit; cane; back brace; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (5/16/11; 12/6/13); EMG/NCV study lower extremities-normal (2014). Currently, the PR-2 notes dated 11/4/14 indicated the injured worker complains of back pain daily and previously 10/10. She is now using Norco for pain, which helps to decrease her pain to 4-5/10. She reports frequent spasms as well as frequent numbness and tingling in the back that radiates to both legs. She uses a back brace for support as needed and walks with a cane. She also complains of headaches/migraine on a daily basis. She uses Topamax for numbness and tingling as well as her headaches. She last work in November of 2012. Her family assists her with home chores. She reports using Trazadone to help her fall asleep as needed and admits to depression due to chronic pain that results in her physical limitations. She is seeing another provider for treatments. He has a clinical history of diabetes and hypertension. A MRI of the lumbar spine dated 12/6/13 from a Supplemental Medical-Legal Evaluation dated 2/21/15 indicted normal findings with exception of a diffuse disc protrusion with ventral effacement of the thecal sac, hypertrophy of the facet joints and ligament flavum at L4-L5. There is diffuse disc protrusion at L5-S1 without effacement of the thecal sac. There was no compression of any neural structures notes however. An EMG/NCV done in 2014 is reported

as normal. The provider is requesting authorization of four lead TENS unit conductive garment; laboratory services blood testing; hot and cold wrap for the lower back; fluoroscopy for the neck; cervical pillow; consultation and cervical traction with air bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried(including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case, the medical record does not adequately document short term and long-term treatment goals and does not document why a four lead unit is necessary over a 2 lead unit. Four lead TENS unit conductive garment is not medically necessary.

Laboratory services blood testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation McGraw Hill Manual of Laboratory and Diagnostic Tests.

Decision rationale: CA MTUS, ACOEM and ODG are silent of laboratory tests. In this case, there is no specific test requested and no explanation of the reason for ordering the tests, without a documented medical explanation of the need for the tests. Lacking these, laboratory testing is not medically necessary.

Hot and cold wrap for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: CA MTUS Section on chronic pain does not address the use of hot and cold wraps. ACOEM recommends the use of cold packs in the first few days following injury, then recommend application of heat to provide relief from pain. There is no evidence to support the use of a hot and cold wrap over an ordinary heat or cold pack. Hot and cold wrap for low back is not medically necessary and the original UR decision is upheld. The request is not medically necessary.

Fluoroscopy for the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Fluoroscopy.

Decision rationale: CA MTUS is silent on the use of fluoroscopy. ODG section on neck states that fluoroscopy is appropriate if epidural steroid injections are planned and medically indicated. In this case, there is no request for epidural steroid injections and therefore no indication for cervical fluoroscopy. The request 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Pillow.

Decision rationale: CA MTUS is silent on the use of a cervical pillow. ODG states that a cervical support pillow should be used only in conjunction with daily exercises taught by a certified health professional. Use of either exercises alone or cervical pillow alone is not effective. In this case, there is no documentation of instruction in appropriate home exercise program to be used in conjunction with the cervical pillow. Lacking this, a cervical pillow is not medically necessary.

Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-307.

Decision rationale: ACOEM addresses the need for specialty consultation. Reasons for such consultation include presence of any red flag findings, failure to respond as expected to a course of conservative management or consideration of surgical intervention. The medical records in this case indicate failure of the claimant to respond to ongoing therapies and therefore, pain management consultation is medically necessary.

Cervical traction with air bladder: 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, Chapter 9 Shoulder Complaints Page(s): 181.

Decision rationale: ACOEM Chapter on Neck and Upper Back states that traction is not recommended as a treatment for neck or arm pain. In this case, the request is for cervical traction with air bladder for a discogenic cervical condition with facet inflammation. Cervical traction with air bladder is not supported by the medical literature as an effective treatment and therefore is not medically necessary. The original UR decision is upheld.