

Case Number:	CM16-0248471		
Date Assigned:	01/03/2017	Date of Injury:	10/13/2016
Decision Date:	02/02/2017	UR Denial Date:	12/02/2016
Priority:	Standard	Application Received:	12/27/2016

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: Pennsylvania

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 case involves a now 37-year-old female with a history of an occupational claim from 10/13/2016. Mechanism of injury is detailed as cumulative trauma. The current diagnosis is documented cervical spine sprain/strain and low back pain. Past treatments included chiropractic treatment and electrodiagnostic studies. The patient underwent elective diagnostic studies on 12/01/2016, which was noted to be positive for cervical spasms and/or cervical nerve root irritation paraspinal/traction injury and negative for electrophysiological evidence for peripheral, focal neuropathy, or radiculopathy. On 11/18/2016 the patient complained of neck pain rated 6/10, upper back pain rated 4/10, low back pain rated 7/10, bilateral shoulder pain rated 8/10, intermittent bilateral pain rated 8/10, bilateral wrist pain rated 8/10, bilateral hip pain rated 4/10, nightly sleep disturbance. The physical examination cervical spine revealed decreased range of motion by 15% with a positive medial compressions and distractions test. The physical examination lumbar spine revealed decreased range of motion by 25% with positive Kemps, Braggard's, Lasegue's, and single straight leg raise. The physical examination of the bilateral elbows revealed normal range of motion with a positive Tinel's. The physical examination of the bilateral wrists revealed normal range of motion with positive Tinel's, Prater's test, and Finkelstein's. The treatment plan included electrical nerve stimulator, cervical pillow, wedge pillow, lumbar support, 2 wrist braces, and 2 elbow braces. A request for authorization was submitted on 11/18/2016 for TENS unit, lumbar support, cervical pillow, wedge pillow, wrist braces x2, and elbow braces x2. The request was previously reviewed on 12/02/2016. The requested TENS unit, lumbar support, cervical pillow, which below, spaces and elbow creases

were previously denied due to lack documentation the patient has undergone adequate conservative treatments as the provider will be initiating active treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: According to California MTUS 2016 Chronic Pain Guidelines, a TENS unit is not recommended 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. Furthermore, the guidelines state other ongoing pain treatment should also be documented during the trial period including medication usage. The patient was noted to have low back and cervical pain. However, there was lack of clinical documentation indicating the patient has had objective functional improvement or outcomes from prior use within a supervised physical therapy program. There was lack of documentation the unit will be used in adjunct to a program of evidence based functional restoration. The request as submitted also failed to specify if it will be a rental or purchase, frequency, duration, body part for treatment, and treatment plan with long and short term goals. Based on the above, the request is not medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: According to ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient was noted to have low back pain. However, there was lack of documentation to support the request outside of the guidelines, as they are not recommended beyond the acute phase for symptom relief. Based on the above, the request is not medically necessary.

Cervical pillow: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Pillow.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back, Cervical pillow.

Decision rationale: The California MTUS and ACOEM Guidelines do not specifically address. According to the Official Disability Guidelines, cervical pillows are recommended for use while sleeping if used in adjunct to with a daily exercise program. The patient was noted to have cervical pain complaints. However, there was lack of clinical documentation indicating the patient has been initiated into a physical rehabilitation program to be used in adjunct to the cervical wedge pillow. There was also lack of clinical augmentation indicating patient had significant instability in the cervical spine to warrant the requested cervical and wedge pillow. Based on the above, the request is not medically necessary.

Wedge pillow: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Pillow.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back, Cervical pillows.

Decision rationale: The California MTUS and ACOEM Guidelines do not specifically address. According to the Official Disability Guidelines, cervical pillows are recommended for use while sleeping if used in adjunct to with a daily exercise program. The patient was noted to have cervical pain complaints. However, there was lack of clinical documentation indicating the patient has been initiated into a physical rehabilitation program to be used in adjunct to the cervical wedge pillow. There was also lack of clinical augmentation indicating patient had significant instability in the cervical spine to warrant the requested cervical and wedge pillow. Based on the above, the request is not medically necessary.

Wrist braces #2: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: According to ACOEM Guidelines, wrist and thumb splints are indicated for DeQuervain's tendinitis or mild carpal tunnel syndrome during the night prior to surgical intervention. In addition, the Official Disability Guidelines state splinting the wrist beyond 48 hours following CTS release may be largely detrimental, especially compared to a home physical therapy program. The patient was noted to have bilateral wrist pain complaints. However, there was lack of clinical documentation indicating the patient would be utilizing the splint within the initial 48 hours period, as guidelines state excessive splinting is detrimental when compared to a home physical therapy program. Based on the above, the request is not medically necessary.

Elbow braces #2: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Splinting (padding).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Splinting.

Decision rationale: ACOEM Guideline states that immobilization of the elbow should be avoided except after surgery as it may contribute to elbow pain. The patient was noted to have bilateral elbow pain complaints. However, there was lack of clinical documentation indicating patient will be undergoing surgical intervention, as immobilization of the elbow should be avoided except for patients undergoing surgical intervention. There was also lack of exceptional factors to support the request outside of the guidelines at this time. Based on the above, the request is not medically necessary.