

Case Number:	CM13-0044700		
Date Assigned:	12/27/2013	Date of Injury:	03/16/2000
Decision Date:	03/19/2015	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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: California

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:

The injured worker is a 53 year old (as of the Utilization Review date, 55 now), male, who sustained a work related injury on 3/16/00. The diagnoses have included chronic cervical strain and multilevel cervical spine disc disease. Treatments to date have included Theraflex cream, use of a cane and the use of a TENS unit. In the PR-2 dated 9/2/13, the injured worker complained of pain in cervical spine and thoracic spine. He complained of right arm pain. He was found to have limited range of motion in cervical spine. He was using a cane to walk for balance issues related to head trauma. On 10/15/13, Utilization Review non-certified a request for a cane and a TENS unit. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane: Overturned

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 chapter : walking aides

Decision rationale: According to the 09/18/2013 report, this patient presents with "pain that affects his cervical spine and thoracic spine as well as Issues related to head." The current request is for a Cane "as the one he is using is worn out." The request for authorization is on 10/05/2013. The patient's work status is "Return to modified work." Regarding walking aide, OGD guidelines state "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid." In reviewing the provided reports, the treating physician states that the patient "is using a cane for balance issues, secondary to a direct head trauma." In this case, given that the patient existing cane has "worn out" and is in need for a replacement to help with his "balance issue." ODG guidelines do support the use of a walking aide in patient with "Disability." Therefore, the request IS medically necessary.

TENS unit, 30 day trial for chronic neck pain: 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 Transcutaneous electrotherapy trial Page(s): 114.

Decision rationale: According to the 09/18/2013 report, this patient presents with "pain that affects his cervical spine and thoracic spine as well as Issues related to head." The current request is for TENS unit 30 day trial for chronic neck pain. The request for authorization is on 10/05/2013. The patient's work status is "Return to modified work." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." In reviewing of the provided medical records shows that the patient has cervical neuropathic pain and has used a TENS unit before with benefit. The patient states that he "has been maintaining his symptoms with a TENS unit, but the machine no longer works." It is unclear as of how long has the patient used the previous TENS unit. In this case, the requested one month trial of the TENS unit is not supported by the MTUS as the patient has already used the TENS unit. The request IS NOT medically necessary.