MAXIMUS Federal Services

Case Number:	CM13-0022554		
Date Assigned:	03/26/2014	Date of Injury:	06/06/2012
Decision Date:	04/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with a date of injury of 06/06/2012. The listed diagnoses per [redacted] are 1. Sprain of neck. 2. Sprain shoulder/arm. 3. Sprain thoracic region. According to report dated 06/27/2013 by [redacted], the patient is S/P anterior cervical disc fusion (ACDF) C5-C6 and C6-C7 on 10/02/2013. The patient presents with complaints of severe right hip pain, numbness in the hands, and severe headaches with pressure behind the right eye. This is the extent of the physical examination and objective/subjective findings. Report dated 05/20/2013 reports that patient continues with neck pain, headaches, and recent ER visit due to right eye infection. Objective findings state there is a 50% of range of motion (ROM) of the cervical spine is decreased with 5/5 strength in the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS4 INF PLUS ELECTRICAL STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transucatneous Electrotherapy, Page(s): 114,118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with continued complaints of neck pain, headaches, and right hip pain. The treater is requesting a MEDS 4 INF plus electrical stimulator. The ACOEM, MTUS, and ODG Guidelines do not specifically address this unit. However, the MTUS page 118 to 120 does discuss interferential current stimulators. MTUS states, "interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and postoperative knee pain." In this case, the patient does not present with any of the conditions that IF unit has been tested against. The patient has complaints of hip pain, numbness in hands, and severe headaches. In addition, MTUS recommends trying the unit for one-month before a home unit is provided. Given that the request is for the unit without a specific request for one-month trial, recommendation is for denial.

CONDUCTIVE GARMENT FOR PURCHASE FOR THE CERVICAL AND LUMBAR SPINE, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutatneous Electrical Nerve Stimulation (TENS) Devices Page(s): 116.

Decision rationale: This patient presents with continued complaints of right hip pain, numbness in hands, and severe headaches. The treater is requesting conductive garment for purchase for the cervical and lumbar spine. The MTUS Guidelines page 116 states, "form-fitting TENS device is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical condition such as skin pathology that prevents the use of the traditional system or the TENS unit is to be used under a cast (as in treatment for disuse atrophy)." In this case, the treater lacks to discuss the reason why the patient is unable to use the conventional system. The patient does not have any medical conditions that would warrant a specialized conductive garment. In addition, it appears the treater is requesting the conductive garment to be used in conjunction with the interferential electrical stimulator. Since the interferential electrical stimulator has been denied, the conductive garment is not medically necessary, and recommendation is for denial.