

Case Number:	CM13-0024333		
Date Assigned:	03/14/2014	Date of Injury:	07/24/2012
Decision Date:	05/09/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/13/2013

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 Sports Medicine and is licensed to practice in Texas. 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:

The injured worker is a 46-year-old female who reported an injury on 07/24/2012. The mechanism of injury was not provided in the medical records for review. The clinical note dated 10/29/2013 reported the injured worker complained of persistent pain in the neck that was aggravated with usual activities. The injured worker also complained of low back pain. The injured worker complained of upper left extremity pain. Physical exam of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm noted. Axial loading compression test and Spurling's maneuver are positive. It was noted there was dysesthesia at the left C5 and C6 dermatomes. Physical exam of the left upper extremity noted tenderness at the left carpal tunnel release and cubital release scars. There was noted pain with terminal flexion. The injured worker was noted to have a weak grip. Physical exam of the lumbar spine revealed tenderness over the mid to distal lumbar segments. The physician noted pain with terminal motion. The medical documentation provided for review did not include any surgical history, medications, and conservative therapy. The injured worker's diagnoses at time of visit are cervical discopathy, lumbar discopathy, and status post left cubital and carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 50 REPOSITIONABLE ELECTRODES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 115-116.

Decision rationale: The retrospective request for 50 repositionable electrodes is non-certified. The California MTUS recommends 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic pain. Prior to the trial there must be documentation of at least 3 months and evidence of other appropriate pain modules that have been tried including medication that have failed. The documentation provided for review did not contain any documentation of the effectiveness of the TENS unit that is being used, no documentation of pain levels before medication and after medication, during activities of daily living, or the effectiveness of any exercise home based. The injured worker has not been diagnosed with neuropathic pain, phantom limb pain, or a spinal cord injury; therefore, do not meet the requirements of a TENS unit. Therefore, the request for 50 repositionable electrodes is non-certified.

RETROSPECTIVE REQUEST FPR 12 9 VOLT BATTERIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RETROSPECTIVE REQUEST FOR 2 BIFURCATED LEAD WIRES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.