MAXIMUS Federal Services

Case Number:	CM13-0036800		
Date Assigned:	12/13/2013	Date of Injury:	06/16/2010
Decision Date:	02/20/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and 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 physician 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 patient is a 52-year-old female who reported an injury on 6/16/10. The patient is currently diagnosed with cervical IVD displacement without myelopathy, AC joint separation, right upper extremity radiculopathy, fibromyalgia, and lumbar disc herniation. The patient was seen by [redacted] on 10/10/13. She reported 7/10 neck pain, 6/10 bilateral upper extremity pain, and 6/10 low back pain. Physical examination revealed positive cervical compression testing on the right, positive Jackson's testing on the right, positive Hoffmann's testing, and restricted range of motion. The patient also demonstrated decreased sensation in a C5 dermatome on the right. Treatment recommendations included authorization for an orthopedic consultation for the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

electrodes for one month, cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state that transcutaneous electrode therapy is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. As per the clinical notes submitted, there is no evidence of a specific treatment plan, including short and long-term goals of treatment, with the requested electrodes. The medical rationale for the requested service was not provided in the documentation submitted for review. There was no evidence of a failure to respond to other appropriate pain modalities. Based on the clinical information received, the request is non-certified.