

Case Number:	CM13-0039719		
Date Assigned:	12/20/2013	Date of Injury:	03/01/2012
Decision Date:	05/28/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 51-year-old female who reported an injury on 03/01/2012. The mechanism of injury was not stated. Current diagnoses include status post anterior cervical discectomy and fusion at C4 through C7, bilateral paresthesia and residual numbness, and history of cervical stenosis. This is a retrospective request for stimulator supplies ordered on 08/27/2013. The injured worker was evaluated on 08/29/2013. The injured worker was status post anterior cervical discectomy and fusion at C4 through C7 on 08/14/2013. The injured worker reported a significant improvement in symptoms, with residual posterior neck pain and trapezius soreness. Physical examination revealed a clean, dry, and intact incision. X-rays obtained in the office on that date indicated no changes to the instrumentation or screws from C4 through C7. Treatment recommendations at that time included continuation of activities as tolerated and a followup with a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO STIMULATOR SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The type of stimulator issued was not specified. The documentation provided for review did not list a current clinical condition that would support the need for stimulator supplies. The injured worker was noted to be doing very well with significant improvement in symptoms following surgery. There was no physical examination provided for review. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is not medically necessary and appropriate.