

Case Number:	CM13-0047946		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2005
Decision Date:	03/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Therapy, 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 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 applicant is a 60 year old female who sustained a work related injury on 05/17/2005 causing injury to her low back and neck. The applicant complains of constant pain in her neck traveling to both shoulders and both hands. As well as pain in her low back traveling to both feet. Secondary to the injury she reports anxiety due to pain and loss of work. Applicant was treated with physical/manipulative therapy, acupuncture, injections, Extracorporeal Shockwave Therapy (ECSWT), and prescription medications. She had lumbar decompression at L4-5 on 05/21/2012. Report dated 09/03/2013 by [REDACTED] state reflexes for the biceps are diminished bilaterally. Reflexes for the knees are diminished on the right and normal on the left. Reflexes for the ankles are normal bilaterally. [REDACTED] requested one month TENS unit trial w/2 months supplies QTY: 1.00, Cervical collar QTY: 1.00 and lumbar spine support QTY: 1.00. These were denied due to insufficient information submitted with the request. There were no subjective or objective clinical findings to support the requested DME.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month TENS unit trial with 2 month supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114-116.

Decision rationale: The request for one month TENS unit trial with two (2) months supplies is not certified based on the lack of medical documentation to support the need for TENS unit. A one month TENS unit trial would not need 2 months of supplies based on the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate

Cervical collar: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, 181.

Decision rationale: Cervical collars have not been shown to have any lasting benefit except for comfort for the first few days of clinical course in severe cases according to the ACOEM Guidelines. Since the patient was injured in 2005 the current request is not supported by ACOEM Guidelines. The request for a cervical collar is not medically necessary and appropriate

Lumbar spine support: Upheld

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 Low Back- Lumbar & Thoracic, section on Lumbar supports.

Decision rationale: As per the Official Disability Guidelines, lumbar spine supports are not recommended for prevention but as an option for treatment. Further guidelines indicate that it is recommended for treatment for compression fractures and specific treatment of spondylolisthesis, documented instability and non-specific low back pain. There are no documentations provided to confirm these conditions, and hence the request is not medically necessary and appropriate.