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| Case Number: | CM13-0072028 | | |
| Date Assigned: | 01/29/2014 | Date of Injury: | 04/29/2013 |
| Decision Date: | 06/13/2014 | UR Denial Date: | 12/24/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 and 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:

The patient is a 61 year-old female who was injured on 4/29/13 apparently from cumulative trauma. The 12/4/13 initial chiropractic report diagnoses cervical strain, cervical radiculitis, lumbar strain, right shoulder strain and bilateral CTS. The plan included an ART MEDS3 neurostimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART MEDS 3 NEUROSTIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck And Upper Back (Acute And Chronic), Low Back - Lumbar And Thoracic (Acute And Chronic), Shoulder (Acute And Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114-121.

Decision rationale: According to the initial chiropractic report dated 12/4/13, the patient presents with neck and back pain. The ART MEDS 3 neurostimulator was requested on the initial visit. The device appears to be a TENS or NMES type unit. California MTUS specifically

states the NMES units are not recommended, and the California MTUS criteria for TENS requires evidence that other appropriate pain modalities have been tried and failed. The chiropractor does not mention any prior treatment modalities. The request for the neurostimulator is not in accordance with California MTUS guidelines.