

Case Number:	CM14-0102113		
Date Assigned:	07/30/2014	Date of Injury:	01/20/2010
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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 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:

This is a patient with the date of injury of January 20, 2010. A utilization review determination dated June 23, 2014 recommends non-certification for 20 packs of batteries and electrodes and a five-month rental for the Nexwave Combo Unit. A progress report dated April 30, 2014 identifies subjective complaints indicating the neck injections have been denied. The patient is very upset and wants to quit his job. The patient states that he cannot look down at work due to neck pain. Objective examination findings identify neck pain radiating to (illegible) arms. The remainder of the objective examination is illegible. Diagnoses include neck pain, bilateral arm and hand pain, owner nerve symptoms, and (illegible). The treatment plan seems to recommend modified duty but is difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 20 packs of battery purchase between 11/27/13 and 4/26/14:
Upheld

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

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

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

Retrospective request for 20 packs of electrode purchase between 11/27/13 and 4/26/14:
Upheld

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

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

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

Retrospective request for five months rental of Nexwave Combo unit between 11/27/13 and 4/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

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

Decision rationale: Regarding the request for Nexwave Combo unit, this unit is a combination electrical stimulation unit which includes transcutaneous electrical nerve stimulation (TENS), interferential current and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines prior to an interferential unit trial. Additionally, there is no indication that the interferential current stimulation will be used as an adjunct to program of evidence-based rehabilitation, as recommended by guidelines. Furthermore, guidelines do not support the use of neuromuscular stimulation. As such, the currently requested Nexwave Combo unit is not medically necessary.