

Case Number:	CM14-0013131		
Date Assigned:	02/24/2014	Date of Injury:	07/06/2009
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine, 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 39 y/o female, DOI 7/06/09. Subsequent to a lifting incident she has developed chronic cervical and lumbar pain with a radiculopathic component. There is electrodiagnostic proven radiculopathic changes involving the S1 nerves bilateral and the C6 nerves bilaterally. A recent neuro-surgical consult recommended timely surgical intervention for her cervical spine due to severe central cord compression and lateral recess compression. She has been treated with analgesics and physical therapy. There is no documented history of a prior TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF X-FORCE STIMULATOR (TENS FOR JOINT STIM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114, 116.

Decision rationale: The prior UR review denied the unit on the basis that neuropathic pain was absent. With the description of burning radiating pain and the positive electrodiagnostics, a component of neuropathic pain does appear present. However, MTUS chronic pain guidelines

are very specific on the issue of a TENS unit. Prior to any purchase there has to be a 30 day home trial of a rental with resulting well documented benefits. Also, there is no guideline support for any unit other than a usual and customary unit. There is no evidence in the records reviewed that a 30 day trial of a usual and customary TENS unit has been completed and/or is beneficial. The purchase of the "special" TENS unit does not appear medically necessary.

CONDUCTIVE GARMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

SOLAR-CARE FIR HEATING SYSTEM-BACK/UNIVERSAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines , Treatment Modalities. Official Disability Guidelines (ODG) Low Back Acute and Chronic, Heat Therapy, and Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: Guidelines are supportive of specific heat therapies for low back pain. ODG guidelines note the simple application of heat packs as being effective. ACOEM also states that the delivery of heat should be from simple devices. This particular device consists of Far Infrared Heat and would be fairly complicated or impossible for delivery to the neck or low back i.e. lay on ones stomach while the lamp was pointed to the low back). This specific device does not appear medically necessary. There are simple and just as effective alternatives that have guideline support.

BATTERY SUPPLIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

SUPPLIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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