

Case Number:	CM14-0111727		
Date Assigned:	08/01/2014	Date of Injury:	02/12/2003
Decision Date:	10/20/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 58 year old female whose date of injury is 02/12/2003. The mechanism of injury is not described. Treatment to date includes chiropractic care. Diagnoses are lumbar sprain/strain and lumbar stenosis. The submitted records consist of a series of handwritten notes which are exceedingly difficult to interpret.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: PURCHASE ORTHOSTIM4 X 1, ELECT VQ 2IN RND N-S X 4, BATTERY VQ PCK AA X 12 AND ADHESIVE REMOVER WIPES X 16: 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 Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for DME purchase Orthostim 4 x 1, elect VQ 2 in and N-S x 4, battery VQ pck AA x 12 and adhesive remover wipes x 16 is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no indication that the

injured worker has undergone a successful trial of the unit to establish efficacy of treatment as required by CA MTUS guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, this request is not medically necessary.