

Case Number:	CM14-0114680		
Date Assigned:	08/04/2014	Date of Injury:	04/10/2010
Decision Date:	10/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sleep aid; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and topical compounded medications. In a utilization review report dated July 17, 2014, claims administrator retrospectively denied a neuromuscular stimulator, a water circulating heat pad with pump, electrodes, and replacement batteries and lead wires. The applicant's attorney subsequently appealed. In a June 9, 2014, progress note, the applicant reported persistent complaints of neck pain, bilateral upper extremity pain, mid back pain, low back pain, and bilateral lower extremity pain. The applicant was given prescription for Tylenol No. 3, Ambien, Soma, and a flurbiprofen-containing topical compound. Arthrography of the right knee, cervical epidural steroid injection therapy, and urine drug testing were endorsed. The applicant was given work restrictions. It did not appear that the applicant's limitations were accommodated by the employer. It appears that the stimulator at issue was dispensed through a prescription form dated January 16, 2012. The applicant was given a TENS-EMS prime dual stimulator, with associated supplies and electrodes. A heat pump was also endorsed. No clinical progress notes were attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular stimulator: 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 Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation or NMES is not recommended outside of the postoperative rehabilitation context. NMES is not recommended in the chronic pain context present here. In this case, the attending provider did not proffer any compelling applicant-specific rationale or narrative commentary which would offset the unfavorable MTUS position on the neuromuscular stimulator at issue. The device in question was endorsed via a prescription form which employed pre-printed check boxes and contained little to no applicant-specific commentary or narrative rationale. Therefore, the request was not medically necessary.

Water circulating heat pad with pump: 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): Table 8-5, page 174.

Decision rationale: The applicant's primary pain generators are the neck and mid back. While the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174, does support at-home local applications of heat and cold as methods of symptom control for neck and upper back complaints, as were present here, ACOEM does not, by implication, support high-tech means of delivering heat therapy, such as via the water circulating heat pad with pump at issue here. As with the other request at issue, this request was endorsed via a prescription form which contained little or no applicant-specific rationale or narrative commentary so as to offset the tepid to unfavorable ACOEM position in the article at issue. Therefore, the request was not medically necessary.

Electrodes: 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 Neuromuscular Electrical Stimulation (NMES) Page(s): 121.

Decision rationale: The request is a companion request, one which accompanies the primary request for a neuromuscular stimulator. Since the neuromuscular stimulator was deemed not medically necessary, the associated electrodes are likewise not medically necessary.

Replacement batteries and Lead wires: 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 Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: Again, this, too, is a derivative or companion request, one which accompanies the primary request for a neuromuscular stimulator. Since that request was deemed not medically necessary, the derivative or companion request for replacement batteries and lead wires was likewise not medically necessary.