

Case Number:	CM14-0119800		
Date Assigned:	09/12/2014	Date of Injury:	03/19/2007
Decision Date:	11/05/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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 injured worker is a 51 year old male with a date of injury on 3/19/2007. He is diagnosed with (a) lumbar disc disorder, (b) lumbosacral neuritis, and (c) cervical disc disorder. He previously underwent x-rays, magnetic resonance imaging (MRI), computed tomography (CT) scans and lumbar spine surgery. Per medical record dated 2/14/2014, the injured worker complained of constant low back pain rated at 9/10 with numbness radiating to the bilateral legs. Objective findings showed tenderness over the lumbar spine with spasm and weakness, as well as decreased sensation to the lower extremities. Medical record dated 6/27/2014 indicates that the injured worker reported constant neck pain radiating to the right arm and head and low back pain radiating to the bilateral legs (pain was worse on the right while numbness was worse on the left). On examination, he was noted with muscle weakness, decreased sensation and positive straight leg raise test on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: P-Stim: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Acupuncture

Decision rationale: An auricular electroacupuncture device such as P-Stim is only among the suggested alternative methods in the management of chronic pain, but this is not the priority and recommended treatment option. In addition, the use of such modality is not recommended as an isolated intervention but as an adjunct to evidence-based functional restoration program. Other than the use of pain medications, there is no concrete indication that the injured worker is engaged in a functional restoration or chronic pain program. The medical necessity of the requested DME: P-Stim is not established; therefore, the request is not medically necessary.

Transdermal Meds: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Evidence-based guidelines recommend the use of certain topical analgesics only in selected cases. Determination of the chemical content/s of a particular topical medication is vital in order to safely identify if these are clinically indicated to the condition being treated. In the case of the injured worker, the transdermal medications being requested were not specified. For this reason, the appropriateness of the prescribed medications cannot be completely determined. In addition, while topical analgesics may be recommended as a treatment option in certain pain conditions; these however were considered largely experimental and still under study. The medical necessity of the requested transdermal medications is not established; therefore, the request is not medically necessary.