

Case Number:	CM14-0167537		
Date Assigned:	10/14/2014	Date of Injury:	03/11/2010
Decision Date:	11/21/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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 Family 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 had a date of injury on 3/11/2010 where she injured her neck and back. She fell on her outstretched hand and experienced pain in her right shoulder and was treated conservatively with physical therapy and shoulder injections. An MRI done on 6/26/2010 showed mild spinal stenosis at C5-C6 with severe foraminal stenosis on the right at C4-C5 and C5-C6 attributed to the spondylosis. The patient had a decompression surgery of C5-C6 on 12/17/2012. Her diagnosis includes: cervical spondylosis without myelopathy and she continues to have neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit maintenance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

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

Decision rationale: According to guidelines, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration.

Based on the patient's medical records it does not show that the patient has had a functional restoration program and thus the request is not medically necessary.

Voltaren gel 1g (x4 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG): Pain, Voltaren Gel

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

Decision rationale: According to guidelines Voltaren gel is used mainly for ankle, elbow, foot, hand, knee, and wrist joints. It is not recommended for treatment of the spine, hip or shoulder. There is no improvement of pain with Voltaren. The request is considered not medically necessary.