

Case Number:	CM14-0027028		
Date Assigned:	06/13/2014	Date of Injury:	03/04/2002
Decision Date:	08/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 Family Medicine and is licensed to practice in Georgia. 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 claimant has treated for chronic pain of the neck and shoulder after an injury on 3/4/2002. He is status post fusion C1-C2 on 11/26/2002 and had hardware removal in 2005. He is also treating for urinary incontinence attributed to cervical myelopathy. He is treating with pain medications, a muscle stimulator and ThermaCare Patches. The request is for the purchase of a muscle stimulator, supplies for the muscle stimulator, for ThermaCare Patches and for transportation to and from all appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF MUSCLE STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY NERVE STIMULATION (TENS), NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 121.

Decision rationale: CA MTUS does not recommend use of a neuromuscular electrical stimulation device for chronic pain. Such devices may be part a rehabilitation program after

stroke but there are no studies indicating any efficacy in managing chronic pain. In this case, the medical records provide no documentation that there is any functional improvement from the use of this device. Given that the CA MTUS does not recommend its use and there is no evident improvement in the claimant's pain when such a device was used, the request for purchase of muscle stimulator is not medically necessary and the original UR denial is upheld.

SUPPLIES FOR MUSCLE STIMULATOR X 6MONTHS: 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 Section 2 Page(s): 121.

Decision rationale: CA MTUS does not recommend use of a neuromuscular electrical stimulation device for chronic pain. Such devices may be part a rehabilitation program after stroke but there are no studies indicating any efficacy in managing chronic pain. In this case, the medical records provide no documentation that there is any functional improvement from the use of this device. Given that the CA MTUS does not recommend its use and there is no evident improvement in the claimant's pain when such a device was used, the request for purchase of muscle stimulator is not medically necessary. Therefore, there is no need for supplies for the muscle stimulator and the original UR denial is upheld.

THERMACARE HEAT PATCHES #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, NECK INJURIES, PHYSICAL TREATMENT METHODS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: CA MTUS Section on chronic pain does not address the use of proprietary heat patches. ACOEM Chapter on Upper Back and Neck recommends the use of cold packs in the first few days following injury, and then recommends the application of heat to provide relief from pain. There is no evidence to support the use of a proprietary heat patch over an ordinary heat pack. The medical records provide no additional documentation of any functional improvement related to use of a ThermaCare patch versus an ordinary heat pack. ThermaCare patches are not medically necessary and the original UR decision is upheld.

TRANSPORTATION SERVICE TO ALL APPOINTMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: ACOEM includes instruction that in the case of upper back and neck complaints, activities that may aggravate these regions, such as driving, may need to be modified. The medical records in this case document pain when driving and recommend that the claimant not drive more than 10 minutes because it exacerbates his pain. However, there are no other noted restrictions to his physical or cognitive abilities to navigate an alternative transportation system, such as public transportation, to reach his appointments. There is no documented medical necessity for transportation to be provided to medical appointments and the original UR decision is upheld.