

Case Number:	CM14-0030205		
Date Assigned:	06/20/2014	Date of Injury:	05/02/2008
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery, 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 42-year-old female who was injured on December 1, 2011. The mechanism of injury was not listed in the records provided for review. The most recent progress note dated October 10, 2013 indicated there were ongoing complaints of neck pain with stiffness and muscle spasms radiating to the left upper extremity. Pain was noted to be 6-7/10 without medications and 4-5/10 with medications. The physical examination demonstrated tenderness over the cervical spine paraspinal muscles. There was a positive cervical compression test. There was decreased sensation in the right side C6 and C7 dermatomes. There were diagnoses of cervical musculoligamentous sprain/strain, cervical disc bulges, history of a closed head trauma with headaches, and stress and anxiety. Diagnostic imaging studies objectified a 1.5 millimeter disc bulge from C4 through C7 and mild to moderate left neuroforaminal stenosis at C4-C5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) purchase, stimulator supplies x three months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: As this request is for durable medical equipment for stimulator supplies for three months time, it appears that the injured employee has had previous use of stimulator equipment. There was no documentation in the medical record of the efficacy of these prior treatments. There was also no documentation of any adjunctive therapy modalities to be used with the stimulator unit. Without this information, it is unclear of the prior efficacy of this equipment to justify future usage. This request for durable medical equipment stimulator supplies for three months is not medically necessary.