

Case Number:	CM14-0034346		
Date Assigned:	06/20/2014	Date of Injury:	05/30/2012
Decision Date:	07/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 46 year-old male injured on May 30, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 1, 2014, indicates that there are ongoing complaints of neck pain. The physical examination was not presented. Previous treatment includes cervical hemi laminectomy and discectomy with a fusion. Postoperative physical therapy and psychiatric care have been delivered. A request had been made for durable medical equipment and was not certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 3-month supply of 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 Page(s): 1.

Decision rationale: When noting the progress of presented for review on the multiple physical therapy assessments, there is no objectified efficacy or utility with the use of such a device. Without objectification, the request of 3-month supply of Electrodes is not medically necessary based on Chronic Pain Medical Treatment Guidelines.

A 3-month supply of Skin Prep: 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 Page(s):
1.

Decision rationale: When noting the progress notes presented for review on the multiple physical therapy assessments, there is no objectified efficacy or utility with the use of such a device. Without objectification, the request of 3-month supply of Skin Prep is not medically necessary based on Chronic Pain Medical Treatment Guidelines.