

Case Number:	CM14-0055494		
Date Assigned:	07/09/2014	Date of Injury:	04/02/2007
Decision Date:	09/03/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 and Florida. 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 63 year old female whose date of injury is 04/02/2007. The mechanism of injury is described as cumulative trauma. A transcutaneous electrical nerve stimulation (TENS) unit was authorized in October 2013. Progress report dated 01/24/14 indicates that the injured worker states she feels better with the TENS unit. Diagnoses are bilateral carpal tunnel syndrome, neck sprain and cubital tunnel syndrome. Note dated 02/18/14 indicates that the injured worker continues to experience multiple areas of pain. Consultation dated 03/12/14 indicates that treatment to date includes bilateral elbow surgery, diagnostic testing, epidural steroid injections and medication management. The injured worker denies depression, nervousness, mood swings or sleep disturbances. Magnetic resonance image (MRI) of the cervical spine dated 04/07/14 revealed disc bulges and protrusions throughout the cervical spine, particularly at C3-4 and C5-6. Lumbar MRI revealed multilevel spondyloarthropathy with disc bulges and protrusions throughout the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological evaluation Page(s): 100-101.

Decision rationale: Based on the clinical information provided, the request for psych evaluation is not recommended as medically necessary. The submitted records fail to indicate that the injured worker presents with significant psychological issues which have impeded her progress in treatment completed to date. There is no clear rationale provided to support the request at this time. Therefore, the requested psychological evaluation is not in accordance with California Medical Treatment Utilization Schedule guidelines, and medical necessity is not established.

Home Stim Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrical Nerve Stimulator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for home stim unit is not recommended as medically necessary. The submitted records indicate that a transcutaneous electrical nerve stimulation unit was provided in October 2013; however, there are no objective measures of improvement documented to establish efficacy of treatment as required by California Medical Treatment Utilization Schedule guidelines. Additionally, there are no specific, time-limited treatment goals provided as required by California Medical Treatment Utilization Schedule guidelines. Therefore, medical necessity of the requested unit is not established.