

Case Number:	CM14-0061357		
Date Assigned:	07/09/2014	Date of Injury:	02/26/2014
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 applicant is a [REDACTED] employee who has filed a claim for neck, mid back, low back, and bilateral shoulder pain reportedly associated with an industrial contusion injury of February 26, 2014. In a utilization review report dated April 14, 2014, the claims administrator denied a request for an ART stimulation device. The claims administrator stated that it was citing the Third Edition ACOEM Guidelines, but did not incorporate the same into its rationale. The claims administrator stated that the attending provider had not made a compelling case for the device in question. In a handwritten doctor's first report dated April 9, 2014, the applicant was described as having persistent complaints of low back pain and left shoulder pain, 6/10 to 8/10. The note was handwritten and difficult to follow. A lumbar orthotic, electrical stimulation device, and MRI imaging of the lumbar spine, thoracic spine, and left shoulder were endorsed. Six sessions of chiropractic manipulative therapy were also sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART STIM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, TENS, the modality being sought here, is deemed not recommended in the treatment of acute and subacute low back pain. Similarly, the MTUS Guideline in ACOEM Chapter 9, page 203 likewise notes that usage of TENS units are not supported by high quality medical studies but may be useful in the initial conservative treatment of acute shoulder complaints, depending on the experience of local physical therapists available for referral. In this case, no rationale for selection of the stimulation device was provided so as to offset the tepid to unfavorable ACOEM recommendations. It was not stated why this device was sought. It was not stated that the applicant was having difficulty participating in physical therapy, for instance, without the device. It was not stated that the applicant was having issues tolerating pain medications. Therefore, the request is not indicated both owing to the lack of supporting rationale on the attending provider's handwritten progress note as well as owing to the tepid to unfavorable ACOEM recommendations. Therefore, the request for Art Stimulations Device is not medically necessary and appropriate.