

Case Number:	CM14-0064259		
Date Assigned:	07/18/2014	Date of Injury:	09/18/2013
Decision Date:	10/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/07/2014

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 represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; and earlier cervical fusion surgery. In a Utilization Review Report dated April 29, 2014, the claims administrator denied a request for pulsed electromagnetic field stimulation, invoking non-MTUS ODG guidelines. The claims administrator based its denial on a request for authorization form dated April 17, 2014 and an associated progress report of the same date. However, per the claims administrator's Independent Medical Review medical evidence log, said April 7, 2014 progress note was not incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. In a January 23, 2014 progress note, the applicant was placed off of work, on total temporary disability, for 45 days owing to ongoing complaints of neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pulsed Electromagnetic Field Stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - Electromagnetic therapy (PEMT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Magnet Therapy topic. Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, magnotherapy, as is being sought here, is "not recommended" and is considered investigational. In this case, the attending provider has not furnished any compelling applicant-specific information or medical evidence which would offset the unfavorable MTUS position on the article at issue, although it is acknowledged that it appears the April 7, 2014 progress note on which the article at issue was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, does not substantiate the request. Therefore, the request is not medically necessary.