

Case Number:	CM14-0082183		
Date Assigned:	07/21/2014	Date of Injury:	10/16/2012
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/03/2014

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:

This is a 42-year-old female with a 10/16/12 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/5/14, the patient complained of neck pain that radiated from the left arm into the hand. She reported that the motion of her neck has decreased and she felt light-headed and dizzy. Objective findings: restricted neck ROM, spasms present at paracervicals and trapezials, pinwheel sensation dull at right digits and left thumb. Diagnostic impression: cervical sprain, bilateral shoulder impingement syndrome, right wrist carpal tunnel syndrome. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 5/29/14 denied the request for INF stimulator - 3 month rental, garment and electrodes purchase. There is no documentation that the pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects or a history of substance abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med 4 INF Stimulator 3 month rental with electrodes and garment purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Unit Page(s): 118-120. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.2 Page(s): 118-120.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that a one-month trial may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform; exercise programs/physical therapy treatment; or unresponsive to conservative measures. There is no documentation that medications and physical therapy have been ineffective in controlling the patient's pain. In addition, this is a request for a 3-month rental of an interferential while guidelines only support a one-month trial if necessary. Therefore, the request for Med 4 INF Stimulator 3 month rental with electrodes and garment purchase was not medically necessary.