MAXIMUS Federal Services

Case Number:	CM14-0202497		
Date Assigned:	12/15/2014	Date of Injury:	05/26/2009
Decision Date:	03/11/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male reportedly sustained a work related injury on May 26, 2009. Diagnoses include lumbar disc displacement, spinal stenosis and lumbalgia. Magnetic resonance imaging (MRI) of cervical spine dated June 20, 2014 impression was degenerative disc disease (DDD), retrolisthesis, stenosis and numerous disc bulges. Physician's office visit dated July 15, 2014 provides the injured worker complains of pain in the neck and low back radiating to right hand and left leg. He reports pain is reduced from 8-9/10 to 6/10 with medication. The injured worker also complains of chest pain, dizziness, urinary problems, nausea, anxiety and excessive sleeplessness. Treatment plan does not mention electrical stimulation therapy. On October 29, 2014 utilization review determined a request for retrospective electrodes, per pair received September 29, 2014. References used in the decision were Pain-induced Changes in the Activity of the Cervical Extensor Evaluated by Muscle Functional Magnetic Resonance Imaging and Risk factors for persistent problems following whiplash injury. Application for independent medical review (IMR) was received December 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective electrodes, per pair: 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): 68.

Decision rationale: There is no documentation that the patient is undergoing any type of electrical stimulation therapy. The previous utilization review physician contacted the provider's office, and it was determined at that time that no request was made for electrodes; the request was made in error. A pair of electrodes is not medically necessary.