

Case Number:	CM14-0203208		
Date Assigned:	12/15/2014	Date of Injury:	10/08/2013
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/08/13 when, while working as a truck driver, he developed radiating neck pain and subsequently struck the back of his head while loading a trailer. He had loss of consciousness and has ongoing neck pain. An MRI of the cervical spine in October 2013 showed findings of multilevel disc degeneration with mild canal stenosis. EMG/NCS testing in January 2014 showed findings of bilateral carpal tunnel syndrome. He was seen by the requesting provider on 08/20/14. He was having constant neck pain radiating to the head. Pain was rated at 8/10. Carpal tunnel release surgery had been recommended. Physical examination findings included right paraspinal and trapezius muscle tenderness. There was decreased cervical spine range of motion. There was bilateral wrist tenderness. He had decreased upper extremity median nerve sensation and Tinel and Phalen tests were positive. He was referred for additional testing. He was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME for Bilateral Cervical Spine/Wrist Rental to Purchase: Interferential Unit 1 Month Rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic neck pain and has finding consistent with bilateral carpal tunnel syndrome. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation and therefore purchase of a home interferential unit is not medically necessary.

Electrodes Packs #4, Power Pack #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic neck pain and has finding consistent with bilateral carpal tunnel syndrome. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation and therefore the requested electrode and power packs for use with a home interferential unit are not medically necessary.

Adhesive Remover Towel Mint #16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic neck pain and has finding consistent with bilateral carpal tunnel syndrome. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation and therefore the requested adhesive remover towel for use with a home interferential unit is not medically necessary.

Leadwire #1, Tech Fee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic neck pain and has finding consistent with bilateral carpal tunnel syndrome. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation and therefore the requested lead wire for use with a home interferential unit is not medically necessary.