

Case Number:	CM15-0102692		
Date Assigned:	06/05/2015	Date of Injury:	01/03/2014
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 39 year old female, who sustained an industrial injury on 1/3/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical herniated disc and lumbar herniated disc. There is no record of a recent diagnostic study. Treatment to date has included cervical epidural steroid injection, physical therapy, acupuncture and medication management. In a progress note dated 5/6/2015, the injured worker complains of neck and right arm pain that caused difficulty sleeping. Physical examination showed limited cervical spine range of motion and paraspinal muscle spasm. The treating physician is requesting post-operative cervical hard, soft and shower collar purchase and a bone stimulator purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative DME: Cervical Hard, Soft, and shower collar purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The surgery has been denied so the need for post surgical DME is not medically necessary and the request is not certified.

Bone Stimulator purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, bone stimulator.

Decision rationale: The ODG states bone simulators are controversial and there use is on a case by case basis due to limited and conflicting evidence on efficacy. However, the surgery has not been approved and therefore the request is not medically necessary and denied.