

Case Number:	CM15-0013367		
Date Assigned:	04/06/2015	Date of Injury:	02/22/2002
Decision Date:	05/01/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/23/2015

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: Arizona, California
 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 44 year old female, who sustained an industrial injury on February 22, 2002. She reported injury from an automobile accident. The injured worker was diagnosed as having chronic cervical strain with degenerative changes, status post laminectomy, headaches, and chronic lumbosacral strain. Treatment to date has included medications and back surgery. The records indicate while living in [REDACTED] she sought alternative treatments which were helpful to her. On November 18, 2014, her dentist recommended a treatment plan which included comprehensive examination and teeth cleaning. The records indicate she has areas of gum recession, plaque buildup and areas of decay. The records on March 10, 2015, indicate she is against regular mainstream pharmaceuticals, and that Meperidine is the only pain medication that has been helpful to her. The request is for one portable Somapulse P2a, one inversion table, Meperidine, unknown muscle manipulation, teeth cleaning, Vitamin D, and other vitamins and minerals.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Portable Soma Pulse P2a: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electromagnetic Therapy (PEMT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Pulsed radiofrequency treatment.

Decision rationale: According to the Official Disability Guidelines, regarding pulsed radiofrequency treatment, "Not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF). Electromagnetic pulse therapy is not recommended due to the lack of sufficient literature evidence (limited literature)." In this case, the claimant was prescribed Soma Pulse which is an electromagnetic pulse device use to pain and healing. The claimant has undergone 1st line therapy including surgery and medications which have higher evidence for improving function. The request for Soma pulse is not supported by evidence and not medically necessary.

1 Inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Inversion therapy.

Decision rationale: According to the Official Disability Guidelines, regarding inversion therapy, "Inversion therapy, with gravity boots or inversion tables, involves hanging upside down or at an inverted angle with the intention of therapeutic benefits via traction. Traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration." The claimant has undergone 1st line therapy including surgery and medications which have higher evidence for improving function. The request for an inversion is not supported by evidence and not medically necessary.