MAXIMUS Federal Services

Case Number:	CM15-0164727		
Date Assigned:	09/02/2015	Date of Injury:	01/07/2015
Decision Date:	10/05/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/21/2015

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 57 year old male, who sustained an industrial injury on January 7, 2015. He reported pain in his low back, bilateral lower extremities, shoulders and neck. The injured worker was diagnosed as having cervicalgia and discogenic low back pain with aggravation of bilateral lumbar radiculopathy. Treatment to date has included diagnostic studies, heat, transcutaneous electrical nerve stimulation unit, exercises, acupuncture, cervical traction, chiropractic treatment, topical cream and medication. Acupuncture, chiropractic treatment and cervical traction were noted to be helpful. On August 7, 2015, the injured worker complained of neck pain with radiation to the upper extremities with some tingling sensation. He also reported upper and lower back pain with numbness and tingling. The treatment plan included medications, cervical traction, heating pad, chiropractic treatment, home exercises, transcutaneous electrical nerve stimulation unit, lidopro cream, schedule sleep hygiene and continue acupuncture for cervical. A request was made for a TheraCane and sleep hygiene intervention with psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: TheraCane dispensed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 21- DME/cane.

Decision rationale: The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, the TheraCane is used for massaging trigger points. Intervention length and frequency was not provided. Long-term need was not substantiated. Prior therapeutic response from use was not elaborated. The purchase of a Theracane is not medically necessary.

Psy RTC Sleep Hygiene: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: Primary insomnia should be treated with medications. Secondary should be treated with medications and cognitive behavioral therapy. In this case, the claimant's insomnia was not defined. Failure of medications or adjunctive use was not provided. The request for psychiatric evaluation for sleep hygiene is not justified and not medically necessary.