

Case Number:	CM15-0204119		
Date Assigned:	11/09/2015	Date of Injury:	02/19/2014
Decision Date:	12/21/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/16/2015

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: California

Certification(s)/Specialty: Emergency 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:

The injured worker is a 62 year old male who sustained an industrial injury on 02-19-2014. A review of the medical records indicated that the injured worker is undergoing treatment for cerebral concussion, cervical spine sprain, multi-level cervical degenerative disc disease, right shoulder impingement and lumbosacral sprain with right sciatica. According to the treating physician's progress report on 09-22-2015, the injured worker continues to experience neck, right shoulder and lower back pain with increasing right leg pain rated at 6-8 out of 10 on the pain scale. No objective findings were noted in the report dated 09-22-2015. Official reports of electrodiagnostic studies of the bilateral upper extremities performed on 03-31-2015 were included in the review. Prior treatments have included diagnostic testing, chiropractic therapy, acupuncture therapy, physical therapy; trigger point injections right shoulder- cervical area in 04-2015, Functional Capacity Evaluation (FCE) in 04-2015, home exercise program and medications. There was no documented evidence that the injured worker is using a transcutaneous electrical nerve stimulation (TENS) unit, Interferential Stimulator (IF) or treatment modality requiring the request for lead wire Qty: #2, adhesive remover towel (mint) Qty: # 16 and shipping and handling 6-12 months. Current medication was listed as Naproxen and Prilosec. Treatment plan consists of continuing home exercise program and the current request for lead wire Qty: #2, adhesive remover towel (mint) Qty: # 16 and shipping and handling 6-12 months. On 09-24-2015 the Utilization Review determined the request for lead wire Qty: #2, adhesive remover towel (mint) Qty: # 16 and shipping and handling 6-12 months was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lead wire times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4285412>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: This was requested as part of Interferential Current Stimulation which was denied by Utilization Review. As per MTUS chronic pain guidelines, Interferential Current Stimulation (ICS) has very poor evidence as to effectiveness or benefit. Since ICS was denied, lead wires are not medically necessary.

Shipping and handling 6-12 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: This was requested as part of Interferential Current Stimulation which was denied by Utilization Review. As per MTUS chronic pain guidelines, Interferential Current Stimulation (ICS) has very poor evidence as to effectiveness or benefit. It is unclear what this request even remotely means but it was requested as part of ICS but since ICS was denied, "shipping and handling 6-12 months" are not medically necessary.

Adhesive remover towel mint #16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/21841648>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: This was requested as part of Interferential Current Stimulation which was denied by Utilization Review. As per MTUS chronic pain guidelines, Interferential Current Stimulation (ICS) has very poor evidence as to effectiveness or benefit. Since ICS was denied, Adhesive remover towels are not medically necessary.