

Case Number:	CM15-0218605		
Date Assigned:	11/12/2015	Date of Injury:	04/28/2015
Decision Date:	12/29/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, elbow, and wrist pain with derivative complaints of headaches reportedly associated with an industrial injury of April 28, 2015. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for a neuromuscular stimulator with associated batteries and electrodes. The claims administrator referenced an August 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant apparently transferred car to a new primary treating provider (PTP) who ordered a neurologic evaluation, a home electrical muscle stimulator, cervical MRI imaging, electrodiagnostic testing of the right upper extremity, and physical therapy while placing the applicant off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes 2x2: 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: No, the request for electrodes was not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for a neuromuscular stimulator unit, in question #3. Since that request was deemed not medically necessary, the derivative or companion request for associated electrodes was likewise not indicated. Therefore, the request was not medically necessary.

Battery AA: 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: Similarly, the request for an AA battery was likewise not medically necessary, medically appropriate, or indicated here. This was another derivative or companion request, one accompanied the primary request for a neuromuscular stimulator unit, in question #3. Since that request was deemed not medically necessary, the derivative or companion request for an associated battery was likewise not indicated. Therefore, the request was not medically necessary.

Neuromuscular stimulator, digital unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Finally, the request for a neuromuscular stimulator unit purchase was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulator or (NMES) is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Here, there is no evidence that the applicant had sustained a stroke. The attending provider failed to furnish a clear or compelling rationale for provision of the device in question in the face of the unfavorable MTUS position on the same in the chronic pain context present here. Therefore, the request was not medically necessary.