

Case Number:	CM15-0082992		
Date Assigned:	05/05/2015	Date of Injury:	08/26/2013
Decision Date:	06/09/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/30/2015

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: New York, West Virginia, Pennsylvania
 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:

This 51 year old male sustained an industrial injury to the neck and back on 8/26/13. Previous treatment included magnetic resonance imaging, physical therapy and medications. In a PR-2 dated 3/26/15, subjective and objective findings were noted as neck and back pain. Current diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain and cervical spine radiculopathy. The treatment plan included continuing physical therapy and a prescription for Zanaflex. A physical therapy treatment referral dated 3/26/15, requested an orthopedic pillow, a transcutaneous electrical nerve stimulator unit and a lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
 Page(s): 114.

Decision rationale: Guidelines recommend a home based TENS until after an appropriate trial as a noninvasive conservative option by only if the patient suffers from post herpetic neuralgia, diabetic neuropathy, phantom limb, or spasticity due to MS or spinal cord injury. In this case, the patient does not have any of these diagnoses. The request for home TENS unit purchase is not medically appropriate and necessary.

Purchase of lumbar support for car: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Guidelines do not recommend lumbar supports for prevention and cushions are not considered DME since they are not primarily medical in nature and not mainly used in the treatment of disease or injury. In this case, the request for lumbar support is not medically appropriate and necessary.