

Case Number:	CM15-0230888		
Date Assigned:	12/04/2015	Date of Injury:	01/24/2011
Decision Date:	01/13/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	11/24/2015

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: Florida

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 33 year old female, who sustained an industrial injury on January 24, 2011. She reported a pop in her neck. The injured worker was currently diagnosed as having brachial radiculitis and cervical herniated nucleus pulposus. Treatment to date has included transcutaneous electrical nerve stimulation unit, medications, therapy, neck traction, neck collar and medication. On October 19, 2015, the injured worker complained of neck pain and pain in the left upper arm. Physical examination of the cervical spine revealed paraspinal spasm and trigger points. Deep tendon reflexes were normal on the right and left. Range of motion was noted to be "restricted" with pain. The treatment plan included continuation of present program, continuation of present medication regimen and a follow-up visit. On November 19, 2015, utilization review denied a request for electrodes quantity of 24 and AAA batteries quantity of 18 (per 11/12/15 order).

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes 24 pairs: 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: This request is for 24 pairs of electrodes. There is no documentation that this patient has been using a TENS unit efficaciously with resulting functional benefit. Therefore, the medical necessity of these electrodes can not be established. This request is considered not medically necessary.

AAA batteries #18: 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: This request is for 18 batteries. There is no documentation that this patient has been using a TENS unit efficaciously with resulting functional benefit. Therefore, the medical necessity of these batteries can not be established. This request is considered not medically necessary.