

Case Number:	CM14-0115858		
Date Assigned:	09/16/2014	Date of Injury:	05/15/2013
Decision Date:	10/29/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported a work related injury on 05/15/2013 due to an industrial injury. Past treatment has included analgesic medication, psychotropic medications, TENS unit, cervical pillow, topical applications of heat and cold, and the injured worker had physical therapy and injections. The injured worker's diagnoses consist of a sprain/strain of the cervical, thoracic, lumbar, right shoulder, right elbow, and right hand. Diagnostic studies include EMG in 08/2013, which was within normal limits. Upon examination on 06/27/2014, the injured worker complained of bilateral low back pain which radiated to her lower extremities with numbness and tingling and bilateral trapezius muscle spasms. The injured worker rated this pain as a 7/10 on VAS pain scale. The injured worker also noted she had headaches across her frontal lobe. The injured worker stated that she went to the doctor on 06/12/2014 due to increased numbness and tingling in her right lower extremity, and she was diagnosed with sciatica and right lumbar radiculopathy, although her EMG on 08/09/2013 was within normal limits. The injured worker stated her medications helped 50% of her pain. Upon physical examination it was then noted that the injured worker had tenderness to palpation in the right parascapular to cervical and right elbow and tenderness to palpation at the lumbar paraspinal musculature. The treatment plan consisted of therapeutic ultrasound, trigger point injections, continuation of medications, home exercise and TENS and ice/heat pad and lumbar epidural steroid injections and cervical pillow. The injured worker's prescribed medications include tramadol, omeprazole, diclofenac, LidoPro ointment, TENS patch, and citalopram. The surgical history was not provided for review. The rationale for the request and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special Supplies phys/qhp: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM 2004, Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

Decision rationale: The request for special supplies is not medically necessary. Within the documentation provided for review, it is noted that the injured worker has been using a TENS unit. The California MTUS Chronic Pain Guidelines state before purchase of large scale supplies of a TENS unit are sought, there should be some evidence of a successful 1 month trial of the same. However, the request for special supplies phys/qhp is not clear as to what supplies need to be ordered. Without a clear and concise request, the medical necessity for the supplies cannot be warranted. As such, the request for special supplies is not medically necessary.