

Case Number:	CM14-0117564		
Date Assigned:	08/04/2014	Date of Injury:	12/28/2010
Decision Date:	11/12/2014	UR Denial Date:	06/27/2014
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 Family Medicine 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:

This injured worker's date of injury is 12/28/2010. The original injury was the result of an injury while lifting. This patient has cervical degenerative disease and spondylosis. The patient underwent lumbar hemilaminectomy and foraminotomy at L4-L5 on 11/28/2013. The patient reports persisting neck pain symptoms. The patient received trigger point injections for the neck pain. A cervical MRI shows multilevel disc disease with arthritic changes. The diagnosis is cervical spondylosis with myelopathy. The patient has been approved for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flex unit garment cervical spine and left shoulder: 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, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient has chronic neck pain with radiation associated with cervical spondylosis. A transcutaneous electrical nerve stimulation (TENS) unit has been approved for treatment. According to guidelines, a form-fitting device may be medically indicated if there is a

large surface area to be treated. The medical documentation does not support this. The flex unit is not medically indicated.