

Case Number:	CM14-0119009		
Date Assigned:	09/16/2014	Date of Injury:	09/09/2008
Decision Date:	11/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

48y/o male injured worker with date of injury 9/9/08 with related neck and bilateral upper extremity pain. Per progress report dated 6/4/14, the injured complained of persistent neck and bilateral upper extremity pain, paresthesias and weakness, right greater than left. He complained of generalized paresthesias in his right hand as well as radiating pain from his neck radiating distally into his right arm and hand. In his left upper extremity, he complained of radiating pain from his neck into his upper arm. He also complained of a feeling of weakness in both arms and hands. Per physical exam, he had mild decreased cervical range of motion. Cervical compression testing caused complaints of localized neck pain. The documentation submitted for review did not state whether physical therapy was utilized. The date of UR decision was 7/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Prep BX/50 #1 A5120 Back, Lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 6/5/14) Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: Per internet search, A5120 is a skin prep that forms protective film to prepare skin for tapes and adhesives. The MTUS and ODG guidelines are silent on the use of skin preparations. The documentation submitted for review does contain rationale for the request. Therefore the request is not medically necessary.