

Case Number:	CM14-0212741		
Date Assigned:	12/30/2014	Date of Injury:	06/01/2009
Decision Date:	02/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 44 year-old patient sustained an injury on 6/1/09. Request(s) under consideration include Conductive Garment (for MEDS-4-INF unit) purchase Cervical Spine. Diagnoses include cervical disc displacement without myelopathy and radiculopathy s/p C5-6 fusion on 8/5/09 and causalgia upper limb. Conservative care has included medications, TENS unit, therapy modalities, and modified activities/rest. The patient has been deemed Permanent & Stationary. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/12/14 from the provider noted continued cervical spine pain rated at 5-9/10 with associated numbness, tingling and weakness. Exam showed nec and upper thoracic with tenderness, restricted range, and 5/5 motor strength in bilateral upper extremities. Treatment included TENS unit for chronic condition. The request(s) for Conductive Garment (for MEDS-4-INF unit) purchase Cervical Spine was non-certified on 12/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive Garment (for MEDS-4-INF unit) purchase Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy, Interferential Current Stimulation (ICS) Page(s): 115-118.

Decision rationale: This 44 year-old patient sustained an injury on 6/1/09. Request(s) under consideration include Conductive Garment (for MEDS-4-INF unit) purchase Cervical Spine. Diagnoses include cervical disc displacement without myelopathy and radiculopathy s/p C5-6 fusion on 8/5/09 and causalgia upper limb. Conservative care has included medications, TENS unit, therapy modalities, and modified activities/rest. The patient has been deemed Permanent & Stationary. The patient continues to treat for chronic ongoing symptom complaints. Report of 11/12/14 from the provider noted continued cervical spine pain rated at 5-9/10 with associated numbness, tingling and weakness. Exam showed nec and upper thoracic with tenderness, restricted range, and 5/5 motor strength in bilateral upper extremities. Treatment included TENS unit for chronic condition. The request(s) for Conductive Garment (for MEDS-4-INF unit) purchase Cervical Spine was non-certified on 12/11/14. The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant an interferential unit and conductive garment for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Conductive Garment (for MEDS-4-INF unit) purchase Cervical Spine is not medically necessary and appropriate.