

Case Number:	CM15-0069019		
Date Assigned:	04/16/2015	Date of Injury:	08/01/2009
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 49 year old woman sustained an industrial injury on 8/1/2009. The mechanism of injury is not detailed. Diagnoses include discogenic cervical condition, impingement syndrome of the right shoulder with rotator cuff tear, rotator cuff strain, epicondylitis, mild carpal tunnel syndrome, mid back sprain, discogenic lumbar condition, and chronic pain syndrome. Treatment has included oral medications, hot and cold wrap, and TENS unit. Physician notes dated 11/6/2014 show complaints of persistent neck and shoulder pain. Recommendations include activity modification, Norco, Cymbalta, diclofenac, Norflex, Protonix, neurology consultation, spine specialist referral, cervical pillow, and cervical traction wit air bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive garment: 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.

Decision rationale: Guidelines consider conductive garment when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, the patient has medical conditions that prevent use of traditional systems, or the tens unit is to be used under a cast. In this case, none of these circumstances have been documented in the medical records. The request for a conductive garment is not medically necessary and appropriate.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

Decision rationale: Guidelines recommend Lunesta for treatment of insomnia. In this case, the patient is suffering from back spasms but there is no documentation that the patient has any difficulties falling or staying asleep that might require a sedative hypnotic medication. The request for Lunesta 2 mg #30 is not medically appropriate and necessary.