

Case Number:	CM13-0043827		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2011
Decision Date:	01/28/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic back, shoulder, neck, arm, and foot pain reportedly associated with an industrial injury of January 24, 2011. In a Utilization Review Report dated October 1, 2013, the claims administrator denied a PEMF stimulator. The claims administrator noted that the applicant was pending cervical spine surgery on October 8, 2013. The claims administrator invoked non-MTUS ODG Guidelines in its rationale on electromagnetic therapy. The claims administrator also referenced a progress note of September 24, 2013 in its denial. The applicant's attorney subsequently appealed. In a September 6, 2012 prescription form, the applicant was given refills of Flexeril, Protonix, Norco, tramadol, and Terocin lotion. Permanent work restrictions were renewed on an associated progress note of September 6, 2012. The applicant reported 8/10 low back and neck pain on that date. In a Medical-legal Evaluation dated May 6, 2013, the applicant was given a 26% whole-person impairment rating for the cervical spine and 19% whole-person impairment rating for the lumbar spine. The applicant was unable to return to her usual and customary occupation, the medical-legal evaluator posited. On October 8, 2013, the applicant underwent C4-C5 and C5-C6 cervical discectomy, partial corpectomy, and fusion surgery. On September 4, 2013, the applicant reported persistent complaints of neck pain radiating into the bilateral upper extremities, with a secondary complaint of low back pain. Authorization for a cervical discectomy and fusion surgery was sought while the applicant's permanent's work restrictions were renewed. There was no mention of the pulse electromagnetic field (PEMF) stimulator on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PEMF STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Magnetic Therapy topic Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, magnet therapy, the article at issue, is deemed "not recommended" and "investigational." In this case, the attending provider's progress notes, including the September 4, 2013 progress note, referenced above, failed to contain any compelling applicant-specific information, which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.