

Case Number:	CM13-0012868		
Date Assigned:	09/18/2013	Date of Injury:	10/28/2008
Decision Date:	01/03/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

46 yo female who sustained an industrial injury to her neck on 10/28/2008 secondary to prolonged keyboarding while working at [REDACTED]. Patient was treated conservatively until the symptoms exacerbated in 2012 with radicular symptoms. She was seen by [REDACTED] in March 2012 and underwent anterior cervical discectomy and fusion C4/5 and C5/6 on 8/9/12. Patient continued to have persistent neck and arm pain postoperatively. Physical examination showed well healed scar, tenderness, and limited range of motion. There was no documentation of atrophy in the upper extremities. Due to her pain, [REDACTED] is recommending hardware removal. Authorization is pending. Med4 Stimulator is being requested to "reduce pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds 4 stimulator rental for three (3) months for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Devices Page(s): 121.

Decision rationale: Neuromuscular electrical stimulation (NMES devices) Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to

electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinalcord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005) MEDS 4 Stimulator is a neuromuscular stimulation device. This device as explained in the guidelines above is use in rehab program following stroke and not in controlling pain. NMES might be of benefit in rehabilitation of atrophied upper extremity muscles following stroke. There is no evidence to support its use in chronic pain. In this case, the physician is requesting Meds 4 Stimulator for 3 months stating specifically "to reduce pain" while the patient is waiting for her surgery. Therefore, I recommend that the request for the device for its intended use be non-certified.

Twelve (12) electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Devices Page(s): 121.

Decision rationale: Since the device, Meds4 Stimulator, has been recommended non certified, it follows that the electrodes would also be non certified as well.

Cervical garment for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Devices Page(s): 121.

Decision rationale: Since the device, Meds4 Stimulator has been recommended non certified, it follows that the cervical garment for the device would also be non certified as well.