

Case Number:	CM13-0016975		
Date Assigned:	10/11/2013	Date of Injury:	09/20/2012
Decision Date:	01/03/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/27/2013

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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neurologist, neuritis, posttraumatic headaches, chronic neck pain, and chronic shoulder pain reportedly associated with an industrial contusion injury of September 20, 2012. Thus far, the applicant has been treated with the following: Attorney representation; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 12, 2013, the claims administrator denied a request for a combination neurostimulator-TENS-electrical muscle stimulator device, citing a lack of supporting information. The applicant later appealed, on August 23, 2013. A later note of September 3, 2013 is notable for comments that the applicant reports persistent neck, mid back, and low back pain with associated loss of motion and diminished muscle strength scored at 4/5. The applicant is instructed to remain off of work, on total temporary disability. An earlier note of August 12, 2013 is notable for comments that the applicant is using Flexeril, Topamax and tramadol along with topical compounds, which may be causing some skin irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month trial of neurostimulator, transcutaneous electrical nerve stimulator unit, electrical muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices) Page(s): 121.

Decision rationale: One of the components in the device, electrical muscle stimulation (EMS) represents a form of neuromuscular stimulation. Neuromuscular stimulation, however, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended outside of the post stroke rehabilitative content. It is not recommended in the chronic pain context present here. Thus, in this case, while there might have been support for the conventional TENS portion of the request on the grounds that the applicant has, indeed, seemingly tried and failed other appropriate pain modalities, including physical therapy, manipulative therapy, pain medications. There is no support for the electrical muscle stimulation/neuromuscular stimulation portion of the request. Since qualified or conditional certification is not possible through the independent medical review process, the original utilization review decision is upheld. The request for a 1 month trial of neurostimulator, transcutaneous electrical nerve stimulator unit, electrical muscle stimulator is not medically necessary and appropriate.