

Case Number:	CM13-0028274		
Date Assigned:	11/22/2013	Date of Injury:	11/06/2012
Decision Date:	02/12/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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 neck pain reportedly associated with an industrial injury of November 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and MRI imaging of the cervical spine, notable for low-grade disk bulge and degenerative changes of uncertain clinical significance. In a utilization review report of August 27, 2013, the claims administrator denied a request for a neuromuscular stimulator. The applicant's attorney later appealed. In a questionnaire of September 9, 2013, the applicant acknowledges that she is currently working. In an earlier chiropractic progress note of August 7, 2013, the applicant presents with neck pain radiating to the right arm. The applicant's primary treating provider sought an epidural steroid injection as well as a neuromuscular stimulator device.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS3 Neuromuscular Stimulator x3 months rental for home use plus electrodes and conductive garment for purchase for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121, 127.

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

Decision rationale: As noted on page 121 of the MTUS Chronic Guidelines, neuromuscular stimulation is not recommended in the chronic pain context present here. Rather, neuromuscular stimulation is endorsed only as part and parcel of a rehabilitation program following a stroke. In this case, however, there is no evidence that the applicant has sustained a stroke. Therefore, the request for a MEDS3 Neuromuscular Stimulator x3 months rental for home use plus electrodes and conductive garment for purchase for the cervical spine is not medically necessary and appropriate.