

Case Number:	CM13-0032397		
Date Assigned:	12/11/2013	Date of Injury:	04/06/2011
Decision Date:	02/11/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family Practice 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 patient is a 75 year old male with date of injury as 04/06/2011 and cause of injury noted to be trauma to the cervical spine following computer use. The patient complains of neck, right elbow and wrist pain. The pain increases with physical activity. The patient continues to have numbness, tingling and weakness to the right arm. The clinical note states the patient had 4/5 weakness throughout the right upper extremity, wears soft cervical collar and right wrist splint. On 8/17/11, the patient had a cervical epidural steroid injection C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS-4 Unit purchase for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118, 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain, Interferential Current Stimulation (ICS), Microcurrent electrical stimulatio.

Decision rationale: The request for MEDS-4 Unit purchase for the cervical spine is non-certified. The patient complained of neck and right elbow and wrist pain that increases with physical activity. The patient is to have 4/5 weakness to right upper extremity. The California guidelines do not recommend TENS as a primary treatment modality, but a one-month home-

based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Furthermore, the guidelines do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Also, the guidelines do not recommend Micro current electrical stimulation (MENS devices), or Neuromuscular electrical stimulation (NMES devices). NMES is used primarily as part of a rehabilitation program following stroke. Additionally, there is no evidence to support its use in chronic pain.