

Case Number:	CM13-0032676		
Date Assigned:	12/27/2013	Date of Injury:	02/26/2013
Decision Date:	05/22/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 patient is an employee of [REDACTED], and has submitted a claim for cervical spine radiculopathy, lumbar spine radiculopathy, knee internal derangement, anxiety, and mood disorder associated with an industrial injury sustained on 2/26/13. Treatment to date has included physical therapy, a home exercise program, lumbar support, a TENS unit, and medications such as hydrocodone/APAP, compounded ketoprofen, and compounded cyclophene. Medical records from 2013 were reviewed; they showed that the patient complained of constant 7/10 neck pain that radiated into the shoulder blades and which was associated with numbness and tingling of the bilateral upper extremities. She likewise complained of 7/10 lower back pain associated with numbness and tingling of the bilateral lower extremities. The patient also experienced 7/10 bilateral knee pain, which was worse on the right. She also complained of headaches, stress, anxiety, insomnia, and depression. Medications provided temporary relief of symptoms. She had difficulty with activities of daily living, including dressing, bathing, self-care, climbing stairs, prolonged sitting/standing, and doing light housework. Physical examination showed tenderness at the suboccipital region, scalene, trapezius, splenius, sternocleidomastoid, paralumbar muscles, lumbosacral junction, and medial/lateral joint lines of the bilateral knees. Effusion graded +1 was noted at both knees. Range of motion of the cervical spine, lumbar spine, and bilateral knees was decreased on all planes. There was no ligament instability at both knees. Motor strength was graded 4/5 at bilateral upper and lower extremities. Deep tendon reflexes were equal and symmetric. The patient was able to perform heel-to-toe walk with pain. Sensation was decreased over the C5, C6, L4, L5, and S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRICAL STIMULATION THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: Page 44 of the California MTUS Chronic Pain Medical Treatment Guidelines states that electrotherapy can be given in many formats, including transcutaneous electrical nerve stimulation (TENS), electroceutical therapy, galvanic stimulation, neuromuscular electrical stimulation, H-wave stimulation, interferential current stimulation, etc. These have different recommendations depending on the type of modality and unit. In this case, the patient has been complaining of chronic neck, lumbar and bilateral knee pain. A note written on 12/3/13 stated that the patient has been using a TENS unit and it was temporarily helpful; however, the pain levels have since increased. Still, the present request is not specific to a single unit of electric therapy. In addition, it does not specify the frequency of use, as well as the body part to be treated. Therefore, the request for electrical stimulation therapy is not medically necessary.