

Case Number:	CM13-0040854		
Date Assigned:	12/20/2013	Date of Injury:	11/04/2003
Decision Date:	09/08/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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:

This is a 45 year old male who has reported multifocal pain, systemic illnesses, and mental illness attributed to work injuries, including one dated 11/4/2003. Multiple injury dates are included in the medical records. The medical records show treatment for various orthopedic conditions, including neck and extremity pain, and shoulder pain. The treatment for these conditions has included injections, physical therapy, chiropractic, acupuncture, and medications. Orthopedic diagnoses have included cervical radiculopathy, degenerative disc disease, tendinitis, bursitis, spondylosis, and headaches. Reports from the primary treating physician during 2013 refer to ongoing neck, shoulder, and arm pain; and headaches. There is no discussion in the AME reports or the primary treating physician reports of the use of an electrical device as medical treatment. The AME did not make any recommendation for an electrical device. The only possible mention of an electrical device for which supplies might be needed is a brief mention in the 8/5/13 report of the primary treating physician, to continue HEP/EMS. The supplies were 8 electrodes, 12 replacement batteries, and 16 adhesive remover wipes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 8 electrodes; 8/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records do not contain enough information to support medical necessity for the requested supplies. The supplies may be for a transcutaneous electrical device, like neuromuscular electrical stimulation (EMS) or TENS, but no records clearly establish the identity of the device. No medical reports discuss the results of ongoing use and any associated functional improvement. If the device is a muscle stimulator, the MTUS recommends against this modality for treating chronic pain. The requested supplies are therefore not medically necessary.

Retro: 12 replacement batteries; 8/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records do not contain enough information to support medical necessity for the requested supplies. The supplies may be for a transcutaneous electrical device, like neuromuscular electrical stimulation (EMS) or TENS, but no records clearly establish the identity of the device. No medical reports discuss the results of ongoing use and any associated functional improvement. If the device is a muscle stimulator, the MTUS recommends against this modality for treating chronic pain. The requested supplies are therefore not medically necessary.

Retro: 16 adhesive remover wipes; 8/30/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records do not contain enough information to support medical necessity for the requested supplies. The supplies may be for a transcutaneous electrical device, like neuromuscular electrical stimulation (EMS) or TENS, but no records clearly establish the identity of the device. No medical reports discuss the results of ongoing use and any associated functional improvement. If the device is a muscle stimulator, the MTUS recommends against this modality for treating chronic pain. The requested supplies are therefore not medically necessary.