MAXIMUS Federal Services

Case Number:	CM13-0044274		
Date Assigned:	12/27/2013	Date of Injury:	01/15/1999
Decision Date:	04/29/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 Orthopedic Surgery, 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 a 64-year-old male who reported an injury on 01/15/1999. The mechanism of injury was reported as a fall. The clinical note dated 08/07/2012 noted past surgeries as a lumbar laminectomy L4-5 in 1988, right knee surgery, and colon surgery in 1963. Additional surgeries include; 03/14/2013 a surgery for cervical radiculitis, 04/26/2012 surgery for cervical radiculitis, surgery 05/07/2013 for posttraumatic herniated cervical disc with severe spondylosis and cervical radiculopathy. Per the nerve conduction study and EMG report dated 04/15/2013, patient was noted to have right and left median motor neuropathy and chronic denervation of all tested muscles in both upper extremities. Diagnostic studies include an MRI of the cervical spine dated 10/23/2013, cervical spine x-ray dated 05/08/2013, chest x-ray (2 views) dated 05/06/2013, skull series x-ray (4 views) dated 04/15/2013, cervical spine (5 views) dated 04/15/2013, MRI of the cervical spine dated 04/15/2013. Per the clinical note dated 02/08/2013, the patient complained of constant pain in neck radiating to shoulders and down both arms, further down on the right than the left. The pain also extends into the skull with headaches. The patient complains of numbness and tingling in both hands. Physical exam noted cervical spine shows the head is held direct in the middle without tilt or rotation. Movement is restricted in all directions. The patient allows 1/3 right lateral rotation and 1/2 of left lateral rotation and 1/2 of lateral bending bilaterally, and the same for flexion and extension. The patient is noted to have full range of motion at wrists, elbows, and shoulders. Tinel's sign is positive over the median nerve at the wrist. Sensation is diminished in the index fingers bilaterally. No documentation was provided for levels of pain on medication, off medication, and no documentation for conservative care or therapies was provided in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

A NEXWAVE STIMULATOR FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Page(s): 117-121.

Decision rationale: The MTUS Chronic Pain Guidelines state electro therapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. The MTUS Chronic Pain Guidelines recommend a TENS unit but based on a 1 month home based trial, it could be considered a noninvasive conservative option if used in adjunct to a program of evidence based functional restoration for the condition. The neuromuscular electrical stimulator is not recommended. The neuromuscular electrical stimulation is used primarily as part of a rehab program following a stroke and there is no evidence to support its use in chronic pain. Interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of the effectiveness, except in conjunction with recommended treatments, including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The documentation provided did not include exercise, medications, therapy, or the recommendation that the TENS unit has to be used on a home based one month trial to start. Therefore, the request is not medically necessary and appropriate.