

Case Number:	CM13-0045715		
Date Assigned:	06/13/2014	Date of Injury:	12/27/2011
Decision Date:	08/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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 primary treating physician's progress report 10-03-2013 was provided by [REDACTED]. The patient has some residual symptomatology in the lumbar spine. He has some headaches, migraines and tension between shoulder blades. The symptomatology in the parent's cervical spine is essentially unchanged. The date of injury was December 27, 2011. The physical examination of the cervical spine is essentially unchanged. There is paravertebral muscle spasm. A positive axial loading compression test is noted. There is extension of symptomatology in the upper extremities. Generalized weakness and numbness has been noted. There is some overlapping symptomatology in the upper extremities consistent with possible double crush. Standing flexion and extension are guarded and restricted. Dyesthesia is the L5 and S1 dermatome. The diagnoses are: cervical/lumbar and discopathy. The treatment plan is a prescribed STIM 4 muscle stimulator for pain relief, and TENS (transcutaneous electrical nerve stimulation).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE STIMULATION (STIM) 4 MUSCLE STIMULATOR: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183,308310,Chronic Pain Treatment Guidelines Transcutaneous electrotherapy,Functional restoration programs,Electrical stimulators,Transcutaneous electrotherapy Page(s): 114-1145,49,45,114.

Decision rationale: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultra- sound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Insufficient scientific testing exists to determine the effectiveness of these therapies. The Official Disability Guidelines (ODG), and the Work Loss Data Institute guidelines for Neck and Upper Back, state that Electrotherapies are not recommended, as well as the TENS as an isolated intervention is not recommended. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning the effectiveness. Enrollment in a program of evidence-based functional restoration is required. The primary treating physician's progress report 10-03-2013 documented diagnosis of cervical/lumbar discopathy. There is no documentation of the patient's enrollment in a functional restoration program (FRP). The MTUS and ACOEM guidelines do not support the medical necessity of TENS for neck and back conditions. Therefore, the request for one stimulation (STIM) 4 muscle stimulator is not medically necessary.