MAXIMUS Federal Services

Case Number:	CM13-0050976		
Date Assigned:	02/20/2014	Date of Injury:	03/06/2013
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/13/2013

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 & Rehabilitation 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 injured worker is a 32-year-old female who reported an injury on 03/06/2013. The mechanism of injury occurred when the injured worker was pushing a heavy load. The injured worker has received analgesic medication, physical therapy, acupuncture treatments, electrodiagnostic testing, cervical epidural steroid injections as recent as 01/08/2014, right carpaltunnel release, and activity modification. Recent clinical documentation dated 12/23/2013 reports the injured worker complains of ongoing lower back pain which she rated 7/10 on the pain scale. MRI of the cervical spine revealed C6-7 (2 to 3 mm) disc with slight narrowing of the neural foramina; C5-6 (3 mm) left paracentral disc with mild neural foraminal narrowing; loss of cervical lordosis. The injured worker had joint pain, numbness and sleep disruption secondary to her pain. Objective findings included biceps and triceps reflexes were intact and symmetrical. There was a negative Babinski's and Hoffmann's sign bilaterally. Detailed sensory examination and testing of dermatomes from C2 to T1 was normal to soft touch and pin wheel. Nerve roots from C1 to T1 were normal with all muscle groups tested rating 5/5. Specifically tested were resisted neck flexion and neck side flexion, shoulder elevation, abduction, and forward elevation, elbow flexion and extension, wrist flexion, dorsiflexion, and ulnar deviation and thumb extension. There was noted tenderness to the cervical spine at the bilateral paraspinals upon palpation. The requested service Nexwave is a device that incorporates interferential current stimulation, conventional TENS, and neuromuscular stimulation into 1 device.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEXWAVE AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 118-121.

Decision rationale: Per California MTUS it is stated that neuromuscular electrical stimulation is not recommended. It is generally used as part of rehab following a stroke and there is no evidence to support its use in chronic pain. In reference to the interferential current stimulation, California MTUS Guidelines state it is not recommended as an isolated intervention because there is no quality evidence of the effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. There is limited evidence of improvement on these recommended treatments alone. In reference to TENS unit, if there is documented pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, then there is a recommendation for a 1 month trial period of a TENS unit as an adjunct to an ongoing treatment modality within a functional restoration program. As there is no documentation in the medical records suggestive that the patient will be participating in any type of program of functional restoration, has suffered a stroke that would warrant the medical necessity of the neuromuscular electrical stimulation device, and there is no documentation of any significant functional deficits upon the most recent clinical examination that would warrant the medical necessity for the requested service, the request for Nexwave and supplies is non-certified.