

Case Number:	CM13-0064933		
Date Assigned:	01/03/2014	Date of Injury:	11/15/2008
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 55-year-old male who reported an injury on 11/15/2008. The mechanism of injury information is not provided in the medical records. Review of the medical record reveals the injured worker's diagnoses include imbalance of gait,; chronic pain,; and weakness stress syndrome. The most recent clinical note is dated 11/13/2013 and it is a handwritten note that is very difficult to read. It is noted that the injured worker ambulates with the use of a cane. Lumbar spine range of motion was decreased. Deep tendon reflexes were measured at +2. There was noted tenderness to palpation of the cervical spine at C5-6. A cervical epidural steroid injection was going to be requested, and the injured worker was to continue with Duexis and Norco as ordered. The injured worker's work status was to remain off work until further notice. EMG/NCV study dated 08/05/2013 revealed musculoligamentous sprain or strain of the cervical/thoracic spine with chronic C5-6 radiculopathy. The injured worker had very severe right carpal tunnel syndrome and severe left carpal tunnel syndrome. He was also noted to have right compressive ulnar neuropathy. He was diagnosed with severe chronic left L5-S1 radiculopathy by the EMG/NCV study dated 08/07/2013 of the lower extremities. The injured worker was deemed permanent and stationary on 07/23/2013. The requested service is for a MEDS stimulator for a 3-month trial, a 3-month supply of electrodes, and a conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS STIMULATOR FOR A 3-MONTH TRIAL, A 3-MONTH SUPPLY OF ELECTRODES, AND A CONDUCTIVE GARMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

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

Decision rationale: The requested equipment is a combination of neuromuscular electrical stimulation and interferential current stimulation. Per California MTUS Guidelines, it is stated that the use of a neuromuscular electrical stimulator is not recommended as primarily as part of a rehabilitation program following a stroke. There is no evidence to support its use in chronic pain. There is no documentation in the medical record that the injured worker has recently undergone a stroke. It is also noted that the use of interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of the effectiveness, except in conjunction with work, exercise, and medications. There is no documentation in the medical record that the injured worker is currently participating in or will be participating in any type of exercise program, physical therapy, or return to work. As the requested service is not recommended per California MTUS Guidelines, and there is no documentation of the injured worker having suffered any recent stroke, and no documentation of participation in any type of exercise program or return to work, the criteria for the requested service has not been met, and the request for a MEDS stimulator for a 3-month trial, a 3-month supply of electrodes, and a conductive garment is not medically necessary.