MAXIMUS Federal Services

Case Number:	CM14-0007000		
Date Assigned:	02/07/2014	Date of Injury:	01/29/2013
Decision Date:	07/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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:

The patient is a 61-year-old male who has submitted a claim for right wrist sprain associated with an industrial injury date of January 29, 2013. The medical records from 2013-2014 were reviewed. Some of the records were handwritten and illegible. The patient complained of pain on the cervical spine, the neck pain radiates to the right upper extremity and increased with prolonged gazing. There was numbness and tingling to the upper extremities. Physical examination showed cervical spine tenderness. Right shoulder revealed tenderness on the periscapular and trapezius area. Motor strength and sensation was intact. Imaging studies were not available. The treatment to date has included medications, physical therapy, chiropractic therapy, acupuncture, home exercise program, and activity modification. A utilization review, dated January 6, 2014, denied the request for Home EMS Unit because guidelines do not consistently recommend NMS electrotherapy. There are no intervention trials suggesting benefit from NMES for chronic pain and there are no recent medical reports that would corroborate indication from NMES therapy despite adverse evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME EMS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , Page(s): 114-116, 118, 120.

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

Decision rationale: According to page 121 of the Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended and are used primarily as part of a rehabilitation program following stroke. Guidelines also state that there is no evidence to support its use in chronic pain. In this case, the patient had neck pain since 2013. Most of the recent medical records were handwritten and illegible. It was not clear if the patient had chronic duration of neck pain. There was no discussion regarding the indication for use of an NMES device despite it not being recommended by the guidelines. There was also no documentation that the patient previously had stroke requiring its use. Therefore, the request for home EMS unit is not medically necessary.