

Case Number:	CM14-0008277		
Date Assigned:	02/12/2014	Date of Injury:	04/29/2004
Decision Date:	07/18/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and 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 patient is a 62-year-old male who has submitted a claim for cervical spondylosis without myelopathy associated with an industrial injury date of April 29, 2004. Medical records from 2013 to 2014 were reviewed. The patient complains of neck and bilateral arm pain with numbness. The patient has previously been certified anterior cervical discectomy and arthrodesis C5-6 on a utilization review dated November 11, 2013. However, the patient is being treated for bronchitis. The surgery is still pending and would proceed once bronchitis is resolved. Physical examination of the cervical spine showed tenderness, limitation of motion, spasm, and diminished sensation at C5-6 dermatomal level. Diagnoses were cervical spondylosis without myelopathy, complete rupture of rotator cuff, and lumbar sprain and strain. Treatment plan includes a request for post op DME: PEMF stimulator. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, chiropractic therapy, massage therapy, bilateral shoulder surgeries, and lumbar spine brace. Utilization review from January 13, 2014 denied the request for post op DME: PEMF stimulator because this procedure is under study.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE DME: PULSED ELECTROMAGNETIC FIELD (PEMF) STIMULATOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK AND UPPER BACK CHAPTER, ELECTROMAGNETIC THERAPY (PEMT).

Decision rationale: The ODG states that PEMT is under study. There is very low quality evidence that PEMF is more effective than placebo. In this case, the patient will be undergoing anterior cervical discectomy and arthrodesis C5-6. Treatment plan includes a request for post op DME: PEMF stimulator. However, the rationale for the request was not provided. The guideline does not support the use of PEMF because it is still under study. There is little evidence that it is more effective than placebo. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for postoperative pulsed electromagnetic field (PEMF) stimulator is not medically necessary.