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| Case Number: | CM14-0105331 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 11/07/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 07/08/2014 |

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 injured worker is a 51-year-old female who reported injury on 11/07/2012. The prior therapies included physical therapy, aquatic therapy, chiropractic care, and medications. The injured worker underwent an MRI of the lumbar spine, and bilateral wrists as well as a CT scan of the head. The injured worker underwent an epidural decompression and neuroplasty of the cervical thoracic nerve roots at C3, C4, C5, C6 and C7 and medial branch blocks at C3-6. The injured worker underwent a diagnostic epidural steroid injection at L2-S1 and a lumbar facet joint block at L1-4 bilaterally. The mechanism of injury was a slip and fall. The documentation of 05/15/2014 revealed the injured worker had complaints of headache, neck pain, upper and mid back pain and stiffness, low back pain and stiffness radiating to both legs, and bilateral wrist pain and stiffness with numbness. The physical examination revealed tenderness to palpation in the bilateral trapezii, bilateral upper trapezii, cervical paravertebral muscles and spinous processes. The shoulder depression caused pain bilaterally. There was tenderness to palpation in the thoracic paravertebral muscles and the Kemp's test caused pain. The injured worker had tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscles, sacrum and spinous processes. The straight leg raise caused pain bilaterally. There was tenderness to palpation of the bilateral wrists and a Phalen's maneuver caused pain. The diagnosis included headache; cervical radiculopathy; cervical, thoracic, and lumbar sprain and strain; lumbar radiculopathy; and bilateral carpal tunnel syndrome. The treatment plan included a pain management consultation, physical therapy 1 to 2 times a week for the bilateral wrists, a left wrist brace, and localized intense neural stimulation therapy (LINT) in order to assist with the injured worker's ADLs, reduce spasms, and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neural Stimulation Therapy QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation http://www.odg-twc.com/index.html?odgtwc/low_back.htm.

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A one month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the request as submitted failed to indicate the body part to be treated with the localized intense neural stimulation therapy. Given the above, the request for localized intense neural stimulation therapy QTY 6.00 is not medically necessary.