

Case Number:	CM14-0107495		
Date Assigned:	08/01/2014	Date of Injury:	11/10/2008
Decision Date:	09/30/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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 Internal Medicine and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 female who was injured on 11/10/08 when she tripped and fell. The injured worker suffered injuries to the neck, left shoulder, left arm and left knee. She complains of persistent neck pains and headache. The injured worker is diagnosed with brachial neuritis or radiculitis NOS (not otherwise specified). Records indicate treatment has included chiropractic treatment, physical therapy, and medication management. Records indicate cervical injections have been requested but do not note if these were performed. The most recent clinical note, dated 04/28/14, notes the injured worker has positive Spurling's sign with discomfort radiating into the left upper extremity. Supraclavicular compression is noted to be questionably positive. Additional provocative testing of the cervical spine and left shoulder is negative. This note indicates the injured worker's active medications include Duexis, Pristiq, and Neurontin. The treatment plan per this note includes cervical ESIs (Epidural Steroid Injection), which have been approved, and the use of a muscle stimulation unit, which is to be obtained. The next appointment date is listed as 06/05/14; however, there is no clinical note originating from this date within the documentation submitted for this review. A request for a 3-month trial of a neuromuscular stimulator and conductive garment was submitted on 06/26/14 and was subsequently denied by UR (utilization review) dated 06/30/14; the UR states California MTUS Guidelines do not support the use of such a unit for chronic pain. This is a review of the issue at dispute, the 3-month rental of an Art D Neuromuscular Stimulator and Conductive Garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-month rental of Art D Neuromuscular Stimulator and Conductive Garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121 of 127.

Decision rationale: The request for a 3-month rental of an Art D Neuromuscular Stimulator and Conductive Garment is not recommended as medically necessary. Conductive garments are indicated for use in delivering NMES treatment, but the MTUS Chronic Pain Medical Treatment Guidelines do not support the use of neuromuscular electrical stimulation devices for the use of chronic pain. As guidelines do not support the use of such treatment for chronic pain, the use of a conductive garment is also not supported. Based on applicable guidelines, medical necessity of a 3-month rental of an Art D Neuromuscular Stimulator and Conductive Garment is not established.