

Case Number:	CM14-0108888		
Date Assigned:	08/01/2014	Date of Injury:	10/15/2013
Decision Date:	11/05/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 & 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 65-year-old male with a reported injury on 10/15/2013. The mechanism of injury was a fall. The injured worker's diagnoses included cervical disc protrusion, bilateral shoulder impingement syndrome, and lumbar disc protrusion. The injured worker's past treatments included pain medication, physical therapy, acupuncture, and chiropractic therapy. There were no relevant diagnostic imaging studies submitted for review. There was no relevant surgical history documented in the notes. The subjective complaints on 02/05/2014 included neck, low back, and bilateral shoulders that is rated at 7/10 to 9/10. The physical exam noted decreased range of motion of the cervical spine and lumbar spine with pain with flexion and extension. The injured worker's medications were not documented in the records. The treatment plan was to order a neuromuscular electrical stimulation unit. A request was received for aqua relief system LS/CS for purchase, electrodes (QTY: 8 pair per month) for 5 months, lead wires (QTY: 2), and adaptor Solace multi stim unit for 5 months. The rationale for the request was not provided. The request for authorization was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua relief system : L/S & C/S for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter MTUS: ACOEM: Low Back Complaints

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, Heat/cold applications

Decision rationale: The decision for aqua relief system L/S and C/S for purchase is not medically necessary. The Official Disability Guidelines state that insufficient testing exists to determine the effectiveness, if any, of heat/cold applications in treating mechanical neck disorders due to the relative ease and lack of adverse effects. The patient has chronic neck and back pain. In the absence of insufficient testing, the request is not supported by the guidelines. As such, the request is not medically necessary.

Electrodes (QTY 8 pair per month) for 5 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for electrodes (QTY: 8 pair per month) for 5 months is not medically necessary. The California MTUS Guidelines state that neuromuscular electrical stimulation is not recommended. Neuromuscular electrical stimulation is primarily used for rehabilitation following stroke and there is no evidence to support its use in chronic pain. The patient has chronic neck and back pain. As neuromuscular electrical stimulation devices is not supported by the guidelines, the electrodes are also not supported by the guidelines. As such, the request is not medically necessary.

Leadwires (QTY 2): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for lead wires (QTY: 2) is not medically necessary. The California MTUS Guidelines state that neuromuscular electrical stimulation is not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. The patient has chronic neck and back pain. As the device is not covered, the lead wires are not covered. As such, the request is not medically necessary.

Adaptor Solace Multi Stim Unit for 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 114-116, 121, 118-120.

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

Decision rationale: The request for adaptor Solace multi stim unit for 5 months is not medically necessary. The California MTUS Guidelines state that neuromuscular electric stimulation is not recommended. Neuromuscular electric stimulation is used primarily as a part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. The patient has chronic neck and back pain. As the neuromuscular electrical stimulator is not supported for use in chronic pain, the request is not supported. As such, the request is not medically necessary.