

Case Number:	CM14-0131906		
Date Assigned:	09/12/2014	Date of Injury:	04/25/2013
Decision Date:	11/05/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 42-year-old male who reported an injury on 04/25/2013 loading a 40 foot container, referred to as a Clorox job, with the use of a forklift. He repeatedly unloaded, was breaking down pallets, separating and segregating orders, lifting pallets and cartons, shrink wrapping pallets, and lifting approximately a hundred box weighing up to 30 pounds. The injured worker reported he started to develop pain, but despite the pain, he continued working throughout the day. Diagnoses were cervical myospasm, cervical pain, cervical sprain/strain, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left carpal tunnel syndrome, left wrist pain, left wrist sprain/strain, left ankle pain, left ankle sprain/strain, rule out ankle internal derangement, disruptions of 24 hour sleep wake cycle, loss of sleep, sleep disturbance, anxiety, depression, irritability, and nervousness. Past treatments were medication and physical therapy. Physical examination on 08/01/2014 revealed complaints of neck pain associated with looking up and looking down. Pain severity was reported to be a 6/10 to 10/10, and also reported were headaches. There were complaints of constant dull back pain. The injured worker had complaints of left wrist and left ankle pain, too. Examination for the cervical spine revealed ranges of motion were painful, but to normal limits. There was tenderness to palpation of the cervical paravertebral muscles. There was muscle spasm of the cervical paravertebral muscles. Depression was positive bilaterally. Cervical compression caused pain. Examination of the lumbar spine revealed trigger points of paraspinals present at the lumbar spine. Ranges of motion were decreased and painful. There was tenderness to palpation of the lumbar paravertebral muscles. There was muscle spasm of the lumbar paravertebral muscles. Kemp's test caused pain bilaterally. Sitting straight leg raise was positive on the left. Examination of the left wrist revealed ranges of motion were painful. There was tenderness to palpation of the lateral wrist, medial wrist, and volar wrists. Phalen's was positive. Left ankle

ranges of motion were painful. There was tenderness to palpation of the anterior ankle and lateral ankle. Inversion test was positive. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulator Therapy 1xwk X 6-12wks C-Spine, Lumbar Spine, Left Wrist, Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS).

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

Decision rationale: The California Medical Treatment Utilization Schedule 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 1 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 3 months of pain, and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The medical guidelines do not support the use of NMES. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.