MAXIMUS Federal Services

Case Number:	CM14-0151870		
Date Assigned:	09/19/2014	Date of Injury:	10/28/2010
Decision Date:	10/21/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Orthopaedic Surgery 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:

This 52-year-old female environmental planner sustained an industrial injury on 10/28/10. Injury occurred relative to a rear-end motor vehicle accident. The 7/22/14 treating physician report indicated that the patient had not been seen for several years. Subjective complaints included grade 5-6/10 left sided neck pain with occasional radiation into the left shoulder and upper arm causing some tingling in the left hand. The patient reported some gastrointestinal problems from taking Celebrex. She had received some temporary relief with a cervical epidural injection. She had not had any surgery or recent physical therapy, and was not doing a regular home exercise program. She continued to work full time without restrictions and was trying to avoid poor body mechanics. Physical exam documented nearly normal cervical range of motion, full upper extremity range of motion, and some tenderness and spasms in the left trapezius muscle. Pain was decreased with traction but not affected by cervical compression or Spurling's test. There were no shoulder impingement signs. Upper extremity deep tendon reflexes were within normal limits. The impression was moderate neck pain associated with loss of normal cervical lordosis and disc bulging at C5/6 and C6/7. The treatment plan recommended a few physical therapy refresher sessions on a home exercise program and proper body mechanics. A durable medical equipment prescription was submitted for an electrical stimulation unit for one month. The 8/11/14 physical therapy initial evaluation report documented a treatment plan for two times per week for 6 weeks, to include instruction in the use of her home traction unit. The 9/4/14 utilization review denied the request for a one-month trial of an electrical stimulation unit for cervical spine pain due to absence of a documented home exercise program and clear lack of clinical efficacy via controlled clinical trials.

IMR ISSUES, DECISIONS AND RATIONALES

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

E-Stimulator 1 month trial for cervical spine pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS guidelines recommend the use of transcutaneous electrotherapy in the treatment of pain when specific indications are met for individual electrotherapy modalities. In general, the guidelines do not recommend the use of any form of electrical stimulation as a primary treatment modality. A one-month trial is supported for TENS units if there is chronic intractable pain of 3 months duration and other appropriate pain modalities (including medication) have been tried and failed. There is no guideline support for the use of neuromuscular electrical stimulation for chronic pain. Galvanic stimulation is considered investigational for all indications. Interferential current stimulation is supported for a one-month trial if pain is ineffectively controlled by medications or the patient has been unresponsive to conservative measures. An H-wave trial may be considered as option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e. exercise) and medications, plus transcutaneous electrical stimulation (TENS). Guideline criteria have not been met. The specific wave-form of the requested electrotherapy unit has not been identified. There is no evidence that the patient has failed conservative treatment in the form of medications, physical therapy, home exercise, and home traction. Therefore, this request is not medically necessary.