

Case Number:	CM14-0155333		
Date Assigned:	09/25/2014	Date of Injury:	10/03/2013
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/23/2014

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 68-year-old female who reported an injury on 10/03/2013. The mechanism of injury was reported as a motor vehicle accident. The injured worker had diagnoses of hand sprain, sprain in shoulder, and internal derangement of knee. Past medical treatment included medications, bracing to the left knee, physical therapy, and cortisone injection. Diagnostic testing included a left shoulder x-ray on 10/18/2013, x-ray of the cervical spine on 02/17/2014, x-ray of the bilateral knees on 02/14/2014, and an MRI of the cervical spine on 01/31/2014. The surgical history was not provided. On 07/21/2014, the injured worker complained of severe neck pain and spasm. The physical examination revealed tenderness and decreased range of motion to the cervical spine and severe spasms to the cervical spine. Medications were not provided. The treatment plan was for a meds 4 plus INF stimulator (months) #3, electrodes (months) #3, and conductive garments #1 for spasms. The Request for Authorization form was submitted on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds 4 plus inf stimulator (months) #3.00: 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 Interferential Current Stimulation (ICS), Neuromuscular electrical stimulation (NMES devices) Pa.

Decision rationale: The request for Meds 4 plus inf stimulator (months) #3.00 is not medically necessary. The injured worker complained of severe neck pain and spasm. The Meds 4 plus inf stimulator uses a combination of interferential current stimulation and neuromuscular electrical stimulation. The California MTUS guidelines state interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. If interferential current stimulation is to be used, it may be indicated for injured workers who have ineffectively controlled pain due to diminished effectiveness of medications, or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The guidelines state neuromuscular electrical stimulation is not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is a lack of documentation of a measured assessment of the injured worker's pain level. There is a lack of documentation of failed effectiveness with any other treatments, including return to work, exercise and medications. In addition, the guidelines state interferential current stimulation is not recommended as an isolated intervention and neuromuscular electrical stimulation is not recommended. Therefore, the request for Meds 4 plus inf stimulator (months) #3.00 is not medically necessary.

Electrodes (months) #3.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

Conductive garment #1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.