

<b>Case Number:</b>	CM14-0179906		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	04/20/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 patient is a 59 year old female presenting with a series of work related injury from 04/20/2013 to 04/20/2014. The patient complained of cervical spine pain, left shoulder pain, left elbow, left hand /fingers and gastrointestinal complaints. The physical exam showed pain behaviors, sitting with a right-sided stoop, difficulty rotating to the left or straightening her neck, palpable spasms in the trapezius and levator scapula bilaterally, tenderness over the interscapular region, positive Spurling's and cervical compression test bilaterally, spasm and tenderness over the coracoacromial ligament, positive impingement sign on the left, sensory deficit over the C5 and C6 dermatomes, positive Hoffmann's test on the right, weakness in the bilateral and wrist extensors, and decreased intrinsic strength in the hands. X-ray of the cervical spine showed spondylosis at C4-5 and degenerative disc disease with collapse at C5-6, calcification of osteophytes and a fixed kyphosis at C5-6, and 3-4 mm mobility at C4-5. The patient was diagnosed with spinal stenosis of the cervical spine, rule out myeloradiculopathy with cord compression. An [REDACTED] stimulator unit with two conductive garments and three months of supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an [REDACTED] stimulator unit with two conductive garments and three months of supplies:** 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 Durable Medical Equipment Page(s): 119.

**Decision rationale:** Purchase of an [REDACTED] stimulator unit with two conductive garments and three months of supplies is not medically necessary. Per MTUS, [REDACTED] stimulator 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....The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues." Additionally, a jacket should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person" As it relates to this case inferential current was recommended as solo therapy for chronic pain. Per MTUS inferential current is not medically necessary as solo therapy. Finally, there is lack of documentation that the claimant will have difficulty applying the stimulation pad; therefore, the requested product is not medically necessary.