

Case Number:	CM14-0020101		
Date Assigned:	04/28/2014	Date of Injury:	05/16/2012
Decision Date:	11/12/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 69-year-old with a reported date of injury of 05/16/2012. The patient has the diagnoses of right shoulder impingement syndrome with acromioclavicular arthrosis and L4/5 disc herniation. Previous treatment modalities have included acupuncture. Per the progress reports provided for review by the primary treating physician dated 02/11/2014, the patient had complaints of continued right shoulder pain and lumbar spine pain rated a 5/10. The physical exam noted tenderness in the right sternoclavicular joint, right anterior capsule and right acromioclavicular joint. There was a positive Neer's test, Hawkin's maneuver and impingement sign. There was decreased range of motion in the shoulder with crepitus. There was lumbar paraspinal muscle tenderness with decreased range of motion. There was positive straight leg raise test on the right and decreased sensation on the lateral aspect of the tibia and dorsum of the foot on the right. The treatment plan recommendations included request for referral to internist for surgical risk assessment, LINT treatment for the fibrocystic nodules in the lumbar spine and a transdermal compound agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTENSE NEUROSTIMULATION THERAPY FOR THE LUMBAR SPINE TWO (2) TIMES A WEEK FOR THREE (3) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, page 121

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

Decision rationale: The California chronic pain medical treatment guidelines section on neuromuscular electrical stimulation states; neuromuscular electrical stimulation (NMES devices) 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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005) Per the progress, this therapy has been prescribed to treat fibrocystic nodules in the lumbar spine. This is not an indicated use for this therapy per the California MTUS guidelines as outlined above. Thus criteria for the service have not been met. Therefore, this request is not medically necessary.