

Case Number:	CM14-0025864		
Date Assigned:	06/13/2014	Date of Injury:	04/24/2013
Decision Date:	07/15/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 46- year-old female who reported an injury on 04/24/2013 due to continuous trauma. On 11/04/2013 the injured worker underwent an MRI of the cervical and lumbar spine revealed at C5-6 there was a 2mm midline and left paracentral disc protrusion with mild narrowing of the right neural foramina. At C6-7, there was a 2 mm midline disc protrusion with mild degree of central canal stenosis. There were end plate degenerative changes noted at C5-6 and C6-7. It was also noted that there was no abnormality identified involving the sacrum or coccyx. It was noted that T2 hyperintense cystic mass involved the left pelvis region which was caused from the left ovary. At this time it was noted there was no change in her medical history. On 02/14/2014 it was noted that injured worker complained of neck and low back pain. She states there was pressure and stiffness in her neck and head with pressure causing a burning sensation, in the mid back down to the lumbar spine, which was a stabbing sensation when she twisting which radiates down to the bilateral hips and right leg area. The injured worker states her pain level rate was a 7/10. On the physical examination, it was reported that the injured worker had tenderness to palpation and muscle spasm over the cervical paraspinal muscles extending bilaterally to the trapezius muscles. The axial head compression and the Spurling sign were both positive bilaterally. There was tenderness in the facet over the C3-C7 spinous processes. It was noted that cervical spine flexion on the right was 20 degrees and on the left 50 degrees. The lateral rotation was 60 degrees. It was noted the injured worker had decreased sensation in the C6 and C7 dermatomes, bilaterally to pain, temperature and light to touch with vibration and two-point discrimination. The brachioradialis and triceps was a positive 2. It was noted that the lumbar spine had tenderness over the lumbar paraspinal muscle and moderate facet tenderness over L4 to S1 spinous processes. The Kemp's test was positive on the right and left, and the seated straight leg raise was 60 degrees on the right, 70 degrees on the left and the

supine straight leg test was 50 degrees on the right and 60 degrees on the left. The Farfan test was positive. The lumbar spine range of motion was 20 degrees on the right, 20 degrees on the left of lateral bending. The flexion was noted at 60 degrees right and left, and extension was at 10 degrees right and left. The injured worker diagnoses include cervical disc disease, cervical radiculopathy, cervical facet syndrome, lumbar radiculopathy, lumbar facet syndrome and coccydynia. The treatment plan included for an electrical muscle stimulation unit for thirty day trial for home use. There was no authorization review submitted with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRICAL MUSCLE STIMULATION UNIT, THIRTY DAY TRIAL FOR HOME USE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for an electrical muscle stimulation unit for thirty-day trial for home use is not medically necessary. Per the Chronic Pain Medical Treatment Guidelines (MTUS) states that the electrical muscle stimulation unit it not recommend for chronic pain. It states that the electrical muscle stimulation unit should not be used as a primary treatment modality, but a one month home based electrical muscle stimulation trial may be considered as a noninvasive conservative option, if used as (an adjunct to ongoing treatment modalities within functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was documented evidence the injured worker complained on 02/14/2014 of neck and low back pain, there was no mention of any clinical trial the electrical muscle stimulation unit resulting on the functional improvements establishing efficacy of this device for the injured worker. There is lack of documentation to support the injured worker conservative care, including active modalities, such as physical therapy. In addition, the request does not specify location where the electrical muscle stimulation unit for thirty-day trial for home use will be used on the injured worker. Given the above request is not medically necessary.