

Case Number:	CM14-0040711		
Date Assigned:	06/27/2014	Date of Injury:	08/22/2013
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 25-year-old female with a date of injury of 08/22/2013. The listed diagnoses per [REDACTED] are cervicalgia, pain in thoracic spine, and lumbago. According to progress report dated 12/04/2013 by [REDACTED], the patient complains of sharp and stabbing pain in the neck and constant burning pain in the upper back. The pain radiates to the bilateral shoulders with soreness, cramps, and weakness in the bilateral arms. The patient has received chiropractic treatment and started a course of physical therapy. The patient also is experiencing headaches, dizziness, difficulty sleeping, depression, and anxiety. Patient is currently taking ibuprofen for pain. This request is for electrodes #8 pair per month, lead wires #2, adapter A9900, Solace Multi-Stim Unit. Utilization review denied the request on 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes (Quantity 8 pair per month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116 120-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) (p121) Not recommended.

Decision rationale: This patient presents with neck and upper back pain. The treater is requesting Multi-Stim unit with supplies. The MTUS Chronic Pain Guidelines states

neuromuscular electrical stimulation (NMES) is not recommended. NMES is used primarily as part of a rehabilitation program following a 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 or post surgical care. As such, the request is not medically necessary and appropriate.

Leadwires (Quantity 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116 120-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) (p121) Not recommended.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Adaptor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116 120-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) (p121) Not recommended.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Solace Multi Stim Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116 120-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, section on Neuromuscular electrical stimulation (NMES devices) page 121.

Decision rationale: This patient presents with neck and upper back pain. The treater is requesting Multi-Stim unit with supplies. The MTUS Chronic Pain Guidelines states neuromuscular electrical stimulation (NMES) is not recommended. NMES is used primarily as part of a rehabilitation program following a 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 or post surgical care. As such, the request is not medically necessary and appropriate.