

<b>Case Number:</b>	CM14-0042950		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Occupational Medicine, 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 31-year-old female who has submitted a claim for non-allopathic lesion of the cervical spine, wrist sprain, and branchial neuritis or radiculitis associated from an industrial injury date of December 23, 2009. Medical records from 2011-2014 were reviewed, the latest of which dated March 18, 2014 revealed that the patient complained of constant severe sharp achy neck pain that radiated to the right upper extremity. The pain level was 7-8/10. The patient complained of constant severe stuff tight mid back pain. The pain level was 7-8/10. On physical examination, there was limitation in range of motion if the cervical spine with flexion to approximately 20 degrees, extension to approximately 20 degrees, right rotation to approximately 45 degrees, left lateral flexion to approximately 15 degrees, and right lateral flexion to approximately 15 degrees. There were +3 tenderness and spasm over the C1-C6 SP, cervical paravertebral muscles, sternocleidomastoid and bilateral trapezius. Cervical compression caused radiating pain on the right, and shoulder compression caused pain bilaterally. There was +3 tenderness and spasm noted on the thoracic paravertebral muscles, trapezius, rhomboids and T1-T7 SP. Neurologic testing in the spinal levels of the right C5, C6, C7, C8 and T1 demonstrated hypoesthesia. Treatment to date has included trigger point injection, chiropractic treatment, home exercise program, and medications, which include Motrin, Prilosec, Zanaflex, Keto-Gaba-Lidocaine cream and Capsaicin cream. Utilization review from April 1, 2014 denied the request for pain management 2 times week for 4 weeks sessions with EMS (Electrical muscle stimulation) infrared because there is no documentation describing whether or not the patient has previously received there physiotherapy modalities and if so, how many visits were provided, and if the modalities rendered established objective signs of improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management 2x week X 4 weeks sessions-EMS(Electrical muscle stimulation) infrared:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines neuromuscular electrical stimulation Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines ,Neck&upper back ,EMS(Electrical muscle Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127, 156.

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. In addition, as stated on page 121 of the Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended and are used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. In this case, pain management as well as muscle stimulation were requested to improve activities of daily living and decrease subjective complaints. There was no objective evidence of red flag signs or case complexity that warrant pain management consultation. Also, there was no evidence of exhaustion and failure of conservative treatment. Moreover, there was no discussion regarding the indication for use of NMES device despite it not being recommended by the guidelines. Furthermore, there was no documentation that the patient previously had stroke requiring its use. Therefore, the request for pain management 2 times week for 4 weeks sessions with EMS (Electrical muscle stimulation) infrared is not medically necessary.