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| Case Number: | CM14-0045504 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 07/02/2012 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 56 year old male who was injured on 07/02/2012. The mechanism of injury is unknown. Progress note dated 03/17/2014 states the patient complained of constant, severe, dull, sharp neck pain that becomes aggravated with movement. He also complains of low back pain, stiffness, and tingling. He has left shoulder, left elbow, left knee, right knee pain. He reported he loses sleep due to the pain and suffers from depression and anxiety. Objective findings on exam revealed decreased range of motion of the cervical spine exhibiting flexion to 45/50; extension to 55/60; left lateral bending 45/45; left rotation 70/80; right lateral bending 40/45; right rotation 70/80. There is 3+ tenderness to palpation of the cervical paravertebral muscles. Cervical compression is positive. The lumbar spine reveals decreased range of motion with extension to 15/25; flexion to 40/60; left lateral bending to 25/25; right lateral bending to 20/25. Left shoulder ranges of motion include abduction to 110/180; adduction to 40/40; extension to 40/50; flexion to 40/50; external rotation 90/90; flexion to 90/180; internal rotation 80/80. There is 3+ tenderness to palpation of the anterior shoulder, lateral shoulder and supraspinatus. The right knee reveals positive McMurray's test. Diagnoses are cervical disc protrusion; cervical radiculopathy; cervical sprain, lumbar myospasm; lumbar radiculopathy; left shoulder tenosynovitis; left knee sprain/strain; left lateral epicondylitis; depression, right knee lateral meniscus tear and left elbow strain. It is recommended the patient receives acupuncture 2x4 to increase range of motion. Prior utilization review dated 03/25/2014 states the request for 12 month extended neurostimulator Tens-EMS Qty: 12.00 is not authorized as this is not recommended as a primary treatment modality and medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month extended neurostimulator Tens-EMS Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

Decision rationale: This is a request for 12 months of neurostimulator Tens-EMS treatment for an injured worker with chronic neck, low back and upper extremity pain. The MTUS guidelines recommend TENS use if certain criteria are met. However, there is no documentation of clinically significant functional improvement from the injured worker's use of TENS. Further, EMS, or NMES (neuromuscular electrical stimulation), is not recommended as there is no evidence to support its use in chronic pain. Medical necessity is not established.