MAXIMUS Federal Services

Case Number:	CM14-0076781		
Date Assigned:	07/18/2014	Date of Injury:	09/19/2013
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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, Pain 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 injured worker is a 28-year-old male with a reported date of injury of 09/19/2013. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical intervertebral disc displacement without myelopathy, brachial neuritis/radiculitis, and lumbosacral intervertebral disc displacement without myelopathy. The previous treatments were noted to include medications and physical therapy. The progress note dated 02/12/2014 revealed complaints of increased pain and less functional movement. The injured worker complained of left upper extremity weakness and difficulty sleeping with anxiety/depression due to his painful industrial injuries. The physical examination revealed decreased cervical, lumbar, and left shoulder range of motion with pain, point tenderness, and myospasms. There was positive orthopedic/neurological testing of the cervical, lumbar, and left shoulder with paresthesias distally into the left upper extremity to the hand. There was resisted muscle weakness to the C5 and C7 dermatomes, and decreased motor strength rated +4/5 to the left side. The Request for Authorization form dated 02/13/2014 was for an electromuscular stimulator unit for cervical rental for 4 weeks; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS unit for cervical rental for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation, interferential Current Stimulation, Neuromuscular electrical stimulation Page(s): 117, 118, 121.

Decision rationale: The request for an EMS unit for cervical rental for 4 weeks is not medically necessary. The injured worker has participated in physical therapy. The electrical muscle stimulator consists of interferential stimulation, neuromuscular electrical stimulation, and high voltage pulse current stimulation. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend galvanic stimulation. Galvanic stimulation is characterized by high voltage, pulse stimulation, and is used primarily for local edema reaction through muscle pumping and polarity effect. The theory of galvanic stimulation is that by closing a negative electrode over the edematous site and a positive electrode at the distal site, the monophasic high voltage stimulus applies an electrical component which disperses the negatively charged proteins away from the edematous site, therefore helping to reduce edema. The guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence except conjunction with recommended treatments, including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The guidelines do not recommend neuromuscular electrical stimulation. Neuromuscular electrical stimulation is used primarily as a part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. There is a lack of documentation regarding a failure of conservative care and the neuromuscular electrical stimulation component of the electrical muscle stimulation unit is not recommended by the guidelines. Therefore, the request is not medically necessary.