MAXIMUS Federal Services

Case Number:	CM14-0078849		
Date Assigned:	07/18/2014	Date of Injury:	07/02/2012
Decision Date:	09/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 Texas and Ohio. 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 47-year-old male who reported an injury on 07/02/2012. The mechanism of injury and surgical history were not provided. Other therapies were noted to include physical therapy, chiropractic treatment, hot and cold therapy, a brace, epidural steroid injections, 6 sessions of localized intense neurostimulation treatments, a TENS unit, and medications. The injured workers medications were noted to include Hydrocodone, Tramadol, and Ibuprofen, as well as Naproxen. The injured worker underwent an MRI of the cervical spine. The injured worker underwent an MRI of the lumbar spine. The injured worker underwent trigger point impedance imaging. The documentation of 04/28/2014 revealed the injured worker had increased and ongoing symptoms for the left shoulder. The injured worker had complaints of constant severe dull, achy, sharp neck pain aggravated by movement of the cervical spine. The injured worker had complaints of constant moderate dull, achy, and upper mid back pain and stiffness aggravated by bending and twisting. The injured worker had decreased range of motion of the cervical spine that was painful. The injured worker had tenderness to palpation of the cervical paravertebral muscles and there were muscle spasms of the cervical paravertebral muscles. The cervical compression test was positive. There was tenderness to palpation at the thoracic spine. The ranges of motion were noted to be decreased and painful. There was tenderness to palpation of the thoracic paravertebral muscles and spasm of the thoracic paravertebral muscles. The Kemp's test caused pain. The diagnoses included thoracic muscle spasm and thoracic sprain and strain. The treatment plan included localized intense neurostimulation therapy 6 sessions to the thoracic spine to increase range of motion and activities of daily living and decrease pain. Additionally, there was a request for 3 additional sessions of localized intense neurostimulation therapy to help decrease pain and spasm and

increase range of motion and activities of daily living. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulation Therapy (LINT); 9 sessions for the Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hindawi Publishing Corporation Pain Research and Treatment - http://www.hindawi.com/journals/prt/2011/152307/, Volume 2011; Article ID 152307, 6 pages.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), TENS unit Page(s): 121, 114-116.

Decision rationale: The California MTUS Guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following 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. A 1 month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated the injured worker had previously undergone 6 sessions of localized intense neurostimulation therapy. There was a lack of documentation of objective functional improvement from the original sessions. Additionally, the request was made for 1 set of treatments with additional sessions, which, if approved, would not allow for timely re-evaluation of objective functional benefit and re-adjustment of treatment. There was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations against the use of neuromuscular electrical stimulation. Given the above, the request for Localized Intense Neurostimulation Therapy (LINT); One (1) time a week for three (3) weeks and One (1) time a week for six (6) weeks for a total of nine (9) sessions for the Thoracic Spine is not medically necessary.