

Case Number:	CM14-0091933		
Date Assigned:	07/25/2014	Date of Injury:	07/19/2011
Decision Date:	09/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/18/2014

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 and is licensed to practice in Nevada. 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 female who was reportedly injured on July 19, 2011. The mechanism of injury is noted as holding a patient for a spinal tap procedure. The most recent progress note, dated July 23, 2014. Indicates that there are ongoing complaints of neck and arm pain. No physical examination was performed on this date. Previous physical examination dated June 10, 2014, revealed a normal upper extremity neurological examination Diagnostic imaging studies of the cervical spine show instrumentation at C5 - C6 central canal stenosis at C4 - C5. Previous treatment includes a cervical spine surgery and cervical spine epidural steroid injections. A request was made for 10 sessions of Calmare Scrambler Pain Therapy and was not certified in the pre-authorization process on May 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) sessions of Calmare Scrambler Pain Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pilot Trial of a Patient-Specific Cutaneous Electrostimulation Device (MC5-A Calmare) for Chemotherapy-Induced Peripheral Neuropathy/Thomas J. Smith, MD, Patrick J. Coyne, RN, MSN, Gwendolyn L. Parker, RN, MSN, Patricia Dodson, RN, MSN, and Viswanathan Ramakrishnan, PhDJ Pain Symptom Manage. 2010 Dec;40(6):883-91.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Neuromuscular Electrical Stimulation, Updated September 20, 2014.

Decision rationale: A review of the medical record indicates that the injured employee is currently participating in a chronic pain management program to address their pain needs through various treatments and modalities. The progress or results of this treatment are not known. Additionally the Official Disability Guidelines, states that neuromuscular electrical stimulation devices are not recommended and states that there are no intervention trials which suggested benefit of this type of treatment for chronic pain. Considering this, the request for 10 sessions of Calmere Scrambler Pain Therapy is not medically necessary.