

Case Number:	CM13-0070845		
Date Assigned:	03/19/2015	Date of Injury:	05/01/2009
Decision Date:	05/01/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 05/01/2009. He has reported subsequent neck pain and was diagnosed with multilevel degenerative disc disease of the cervical spine, severe central canal narrowing and compression of the cervical cord at C3-C4 and C5-C6, cervical radiculopathy and partial tearing of the supraspinatus tendon and infraspinatus tendon as well as adhesive capsulitis. Treatment to date has included oral pain medication, bracing, physical therapy, massage and a home exercise program. In a progress note dated 11/05/2013, the injured worker complained of constant neck pain with radiation to the arms and right shoulder that was rated as 8/10. Objective findings were notable for decreased range of motion of the cervical spine and bilateral shoulders as well as positive bilateral Spurling's test. A request for authorization of neurostimulator, electrodes and garment purchase was made. There was no medical documentation submitted that pertains to this treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS 3 Neurostimulator x 3 month rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work-related injury in May 2009 and continues to be treated for chronic radiating neck pain. In terms of electrical stimulation, although not recommended as a primary treatment modality, a one-month home-based trial may be considered as a noninvasive conservative option with consideration of purchasing a unit with documentation including how often the unit was used, as well as outcomes in terms of pain relief. Additionally, EMS (electrical muscle stimulation) is not recommended as there is no evidence to support its use in chronic pain. Therefore the requested garment purchase for this combination unit trial is not medically necessary.

Electrodes x 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work-related injury in May 2009 and continues to be treated for chronic radiating neck pain. In terms of electrical stimulation, although not recommended as a primary treatment modality, a one-month home-based trial may be considered as a noninvasive conservative option with consideration of purchasing a unit with documentation including how often the unit was used, as well as outcomes in terms of pain relief. A three month rental trial is not medically necessary. Additionally, EMS (electrical muscle stimulation) is not recommended as there is no evidence to support its use in chronic pain. Therefore the requested electrode purchase for this combination unit trial is not medically necessary.

Conductive Garment Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work-related injury in May 2009 and continues to be treated for chronic radiating neck pain. In terms of electrical stimulation, although not recommended as a primary treatment modality, a one-month home-based trial may be considered as a noninvasive conservative option with consideration of purchasing a unit with documentation including how often the unit was used, as well as outcomes in terms of pain relief. A three month

rental trial is not medically necessary. Additionally, EMS (electrical muscle stimulation) is not recommended as there is no evidence to support its use in chronic pain. Therefore the requested garment purchase for this combination unit trial is not medically necessary.