

Case Number:	CM14-0016829		
Date Assigned:	04/11/2014	Date of Injury:	04/06/2000
Decision Date:	03/24/2015	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old male who reported an injury on 04/06/2011. The mechanism of injury was a fall. He is diagnosed with concussion, post-traumatic headaches, neck pain/torticosis with cervical dystonia, right upper extremity pain, cervical radiculopathy, low back pain, and left carpal tunnel syndrome. His past treatments were noted to include oral and topical medications, epidural steroid injections, physical therapy, and use of a muscle stimulator. The injured worker's symptoms were noted to include neck pain and headaches. Physical examination findings included spasm of the neck, limited range of motion, and tenderness to the left side of the neck. A request was received for electrode patches and AA unit batteries to be used with the injured worker's muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODE PATCHES #20 AND AA UNIT BATTERIES #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION.

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

Decision rationale: The submitted medical records indicate that the injured worker was using a muscle stimulator. However, details regarding its use were not provided to include the area it is being used, the frequency, the efficacy of this treatment, and whether it is being used as an adjunct to an active treatment program. According to the California MTUS Chronic Pain Guidelines, neuromuscular electrical stimulation is used primarily as a part of a rehabilitation program following stroke. However, the guidelines specifically state there is no evidence to support use of these devices for chronic pain. The clinical information submitted for review indicated the injured worker had chronic neck pain and headaches. However, he was not shown to have history of a stroke. There was also no documentation indicating that his muscle stimulator was being used as a part of a rehabilitation program or other active treatment program. Further, it is unclear what area the electrodes are being applied to and whether use of a muscle stimulator has been effective in decreasing symptoms and increasing function. In the absence of this information and as the guidelines specifically state that muscle stimulators are not recommended to be used in chronic pain, the request is not supported. As such, the request is not medically necessary.