

Case Number:	CM14-0160514		
Date Assigned:	10/06/2014	Date of Injury:	06/27/2008
Decision Date:	05/05/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female patient who sustained an industrial injury on 06/27/08. Per the note dated 9/24/2014, she had complaints of hearing loss, vertigo, spinning and nausea. Per the note dated 9/19/2014, she had complaints of decreased hearing, and unspecified symptoms in her cervical spine and right upper extremity, as well as weakness in her left lower extremity and physical examination revealed cervical spine- tenderness and decreased range of motion. The medications list includes nortriptyline, norco, omeprazole and barbitol. She has undergone C2-7 laminectomy and C3-6 lateral mass fusion on 2/26/2014. She has had hearing studies for this injury. She has had physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

(FES) Functional electrode stimulation system for neck pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

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

Decision rationale: Request: (FES) Functional electrode stimulation system for neck pain. Functional electrode stimulation system is a kind of Neuromuscular electrical stimulation device. Per the CA MTUS Chronic Pain Medical Treatment Guidelines 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 trials suggesting benefit from NMES for chronic pain." Cited guidelines do not recommend NMES for the chronic pain. Any evidence of stroke is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of (FES) Functional electrode stimulation system for neck pain is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.