

Case Number:	CM14-0192796		
Date Assigned:	11/26/2014	Date of Injury:	12/26/2003
Decision Date:	01/14/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 46-year-old female with date of injury of 12/26/2003. The listed diagnosis from 08/14/2014 is cervical musculoligamentous injury. According to this report, the patient continues to complain of worsening pain at a rate of 9/10 with progressive limited range of motion in the neck and arms associated with severe muscle spasms. She continues to experience frequent moderate to severe headaches with blurry vision. The patient is status post cervical fusion with hardware placement, date unknown. The examination shows weakness in both arms is progressive and worsening as the patient complains of having a weak grip noticed while writing or holding objects in the hands. Frequent headaches with blurry vision are severe in nature and hard to get rid of without the aid of medication. No other findings were noted on this report. The documents include QME reports from 09/02/2014 and 10/17/2014, psychiatric reports from 08/12/2014 to 09/22/2014, UDS report from 08/14/2014, and progress reports from 04/04/2014 to 08/14/2014. The utilization review denied the request on 10/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Multi Stim Unit and electrodes rental for 5 months and leadwires times 2/adaptor:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 121.

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

Decision rationale: This patient presents with neck and arm pain with severe headaches including blurry vision. The treater is requesting a Solace Multi-Stim Unit and Electrodes Rental for 5 Months and Lead Wires x2/Adaptor. The MTUS guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "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 is no intervention trial suggesting benefit from NMES for chronic pain." The report making the request is missing to determine the rationale behind the request. Given the lack of support from the MTUS guidelines for the use of this modality, the request IS NOT medically necessary.