MAXIMUS Federal Services

Case Number:	CM14-0193162		
Date Assigned:	11/26/2014	Date of Injury:	11/26/2013
Decision Date:	02/09/2015	UR Denial Date:	10/21/2014
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53 year old man who sustained a work-related injury on November 26, 2013. Subsequently, the patient developed a chronic neck and left shoulder pain. According to a progress report dated on August 28, 2014, the patient was complaining of neck pain, left shoulder pain, left forearm pain radiating the wrists. The patient physical examination demonstrated reduced cervical range of motion with positive Spurling sign. The patient was diagnosed with cervical sprain and spondylosis. The provider requested authorization for PEMF stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peer to peer PEMF stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and upper back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulsed electromagnetic therapy (PEMT) http://www.odg-twc.com/

Decision rationale: MTUS guidelines states that pulsed electromagnetic field (PEMF) is "under study. Evidence suggests electromagnetic therapy (also called pulsed electromagnetic therapy - PEMT, or pulsed magnetic field therapy - PMFT) to be effective for neck pain, although the treatment regimen in these trials was somewhat consuming (wearing a PEMT collar for eight hours per day for three to four weeks). (Trock, 1994) (Foley-Nolan, 1992) (Kjellman, 1999) (Thuile, 2002) (Gross-Cochrane, 2002) (Sutbeyaz, 2005) There is limited evidence of benefit for low or high frequency pulsed electromagnetic field (PEMF) compared to placebo; it provides immediate post treatment pain relief only for chronic mechanical neck disorders (MND) and acute whiplash (WAD). Electricity is always connected with both electrical and magnetic forces. Alternating or pulsed electromagnetic fields induce electric current within the tissue. Even though these currents are extremely small, PEMF and the application of permanent magnets are forms of electrotherapy. Their main therapeutic purpose is for enhancement of bone or tissue healing. (Kroeling-Cochrane, 2005) There is very low quality evidence that pulsed electromagnetic field therapy (PEMF) is more effective than placebo. Current evidence for PEMF shows that this modalitiy might be more effective than placebo but not other interventions. Funding bias should be considered, especially in PEMF studies. (Kroeling, 2009)." Based on the above, there is no strong evidence supporting the use of PEMF for the treatment of neck pain. Therefore, the request is not medically necessary.