

Case Number:	CM14-0195010		
Date Assigned:	12/02/2014	Date of Injury:	02/01/2000
Decision Date:	02/17/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker has a date of injury of 02/01/00 pertaining to the cervical spine. The MRI scan of the cervical spine dated 8/18/2014 revealed a midline and right paracentral disc extrusion at C4-5 with abutment causing moderate central canal stenosis. At C5-6 there is a 2 mm disc osteophyte complex abutting the cord with moderate central canal narrowing abutting the exiting nerve roots. At C6-7 there is a 3 mm disc osteophyte complex abutting the exiting nerve roots with neural foraminal narrowing. She has been treated with medications, epidural steroid injection and physical therapy. A request for surgery was approved by utilization review on 11/6/14. However, a request for surgi-stim device was noncertified by utilization review. This device contains multiple modalities of treatment that are not recommended by the MTUS. However, a TENS unit was certified for 1 month's home based rental per guidelines. The IMR is requested for the surgi-stim device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgi-Stim: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 115, 116.

Decision rationale: Surgi-stim device is an electronic nerve and muscle stimulator and interferential stimulator. Interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments. The randomized trials have included patients with neck pain and the findings from these trials were either negative or non- interpretable for recommendation. Interferential electrical stimulation is therefore not recommended for postoperative use in the cervical spine. Galvanic stimulation is also not recommended. It is considered investigational for all indications including neck pain. Neuromuscular stimulation is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Therefore it cannot be recommended postoperatively for neck pain. It attempts to stimulate motor nerves and also alternately causes contraction and relaxation of muscles unlike a TENS unit which is intended to alter the perception of pain. Therefore a trial of a TENS unit is recommended for postoperative use. It is recommended as a treatment option in the first 30 days post surgery. Based upon the guidelines, the request for Surgi-stim is not supported and as such the request is not medically necessary.