

<b>Case Number:</b>	CM14-0198315		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice 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:

This 34-year-old splicer technician reported injuries to his neck, right shoulder and arm, right hand, left knee and left ankle due to falling down a hill on 7/23/14. Treatment to date has included medications, chiropractic manipulation and physical therapy. Cervical spine surgery has been authorized but is not yet documented as having occurred. The current primary treater, an orthopedist, first saw the patient on 7/23/14. At that time, the patient's complaints included pain in the neck radiating to the shoulders, low back pain, and pain in his left ankle and knee. He had tingling in the arms, numbness in the right hand and thumb, and numbness in the left leg and big toe. Exam was notable for mildly decreased neck range of motion, a decreased right triceps reflex, and decreased sensation in a right C7 distribution. The provider reviewed previously done x-rays, and an MRI of the neck that showed diffuse degenerative disc degeneration with multilevel ventral compressions on the cord, most evident at C6-7 where there is associated cord edema or malacia. Diagnoses included cervical strain and cervical disc herniation, right C6-7. Plan included a trial of physical therapy and medications, which included Naproxen Norflex and Tramadol. The 10/27/14 progress note from the same provider states that the patient's pain initially responded to physical therapy, then worsened. His pain was severe. He had lost his appetite because of it and was losing weight. Cervical exam findings were unchanged, except that the patient now had mild weakness as well as numbness in a right C7 distribution. Treatment plan included requests for anterior cervical decompression and fusion, for several medications, and for several items to be used during or after surgery. These included a muscle stimulator to be used postoperatively for muscle reeducation. Work status was modified. (However, the patient was not working because his employer had terminated him as of 4/30/14.) A request for a Med4 stimulator with INF plus electrodes was submitted, and denied in UR on

11/21/14 on the basis that the neuromuscular electrical stimulation is not supported by MTUS Chronic Pain guidelines, and that ODG does not support interferential stimulation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Med4 + INF (interferential) Stimulator for home use and Electrodes times 3 months for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Interferential current stimulation (ICS)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Functional improvement measures; Transcutaneous electrical nerve stimula.

**Decision rationale:** According to information from the manufacturer, the Med4 +INF stimulator includes options for both Neuromuscular Electrical Stimulation and Interferential Current Stimulation. Per the MTUS Functional Recovery citations, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. It is important to have specific measures that can be used repeatedly to demonstrate improvement or maintenance of function over the course of treatment. These should include the categories of work functions or ADLs (activities of daily living), self-report of disability (walking, lifting, keyboard or driving tolerance) and pain scales. Objective measurements of functional improvement are preferred, such as measuring the patient's ability to lift 10 pounds from floor to waist repetitively, but they are not required. The provider should document assessment of the patient's compliance with a home program and motivation. The NMES citation above states that NMES is not recommended for chronic pain, and is primarily used as part of a rehabilitation program following stroke. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range of motion. Functional neuromuscular stimulation attempts to replace stimuli from lost or destroyed nerve pathways in spinal cord-injured or stroke patients to function independently or at least maintain healthy muscle tone and strength. It is also used to stimulate quadriceps muscles following major knee surgery to maintain and enhance strength during rehabilitation. The Interferential Current Stimulation citation states that ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise and medication. While it is not recommended as an isolated intervention, ICS is possibly appropriate for several conditions if it has been proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine. These conditions include significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatments. The clinical documentation in this case does not support the provision of a Med4 +ICF stimulator to this patient. Although it is purportedly being recommended for post-operative "muscle re-education", there is no documentation of specific functional deficits or goals for its use, or of why an elaborate device would be necessary rather than physical therapy and/or home

exercise. A need for muscle reeducation implies a stroke or a major spinal cord injury, not a slight weakness in one muscle group due to a disc herniation. In addition, the requirements for Interferential Current Stimulation have not been met. ICS is not being combined with exercise. There is no documentation that it has been proven effective as directed or applied by the appropriate provider, and there is no documentation of significant post-operative pain which limits the patient's ability to perform exercise programs or physical therapy treatments. The request is not medically necessary because the provider has not documented specific functional deficits and goals that would be addressed by its use, nor has he explained why such goals could not be met by physical therapy or exercise; and because there is no documentation that criteria for use of the ICS portion of the device have been met. Based on the MTUS citations above and on the clinical information provided for my review, a Med4 +INF stimulator plus electrodes for three months home use is not medically necessary.