MAXIMUS Federal Services

Case Number:	CM14-0200921		
Date Assigned:	12/11/2014	Date of Injury:	02/22/2005
Decision Date:	01/31/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 47-year-old female with date of injury of 01/22/2005. The listed diagnoses from 03/18/2014 are:1. Cervicalgia.2. Cervical H&P.3. Cervical radiculopathy.4. Right elbow sprain/strain.5. Status post right wrist carpal tunnel release with a residual pain.6. TFCC tear.7. Lumbar spine H&P.8. Lumbar radiculopathy. According to this report, the patient complains of sharp stabbing neck pain at a rate of 6/10 to 7/10 with numbness and tingling in the bilateral upper extremities. She also reports sharp burning right elbow pain at a rate of 5/10 to 6/10. The patient is status post right wrist TFCC repair with residual pain. She rates her wrist pain 7/10 to 8/10 with numbness and tingling in the hands and fingers. She also reports sharp burning low back pain with associated muscle spasms at a rate of 6/10 to 7/10 with numbness, tingling, and radiating pain into the bilateral lower extremities. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have a restful sleep. She denies any problems with her medications. The examination of the cervical spine shows +2 tenderness in the bilateral suboccipital, scalene, and sternocleidomastoid muscles. Positive compression and distraction test. There is a +1 tenderness noted at the ulnar groove of the right elbow. There is decreased range of motion in the right elbow. Positive cubital and Tinel's sign. Well-healed surgical incisions consistent with a history of triangular fibrocartilage repair +2 tenderness over the triangular fibrocartilage, the thenar and hypothenar eminence. TFCC load test is positive. Phalen's sign is positive. Sensation to pinprick and light touch is diminished over the C6, C7, and C8. Motor strength in the bilateral upper extremities slightly decreased. The patient is able to squat 20% of normal. There is +1 tenderness over the bilateral PSIS. Decreased range of motion in the lumbar spine. Positive Braggard's test. Diminished sensation

to pinwheel examination over the L4, L5, and S1. Motor strength in the bilateral lower extremities is slightly decreased. The documents include one progress report from 03/18/2014, MRI of the cervical spine from 04/21/2014, MRI of the right wrist from 04/21/2014 and ESWT reports from 06/18/2014 to 09/03/2014. The utilization review denied the request on 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 9/12/14) Neuromuscular Stimulator (TENS-EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit; neuromuscular electrical stimulation Page(s): 114 to 116; 121.

Decision rationale: This patient presents with neck, right elbow, right wrist, and low back pain. The treater is requesting a RETROSPECTIVE (DOS 09/12/2014) NEUROMUSCULAR STIMULATOR (TENS-EMS). The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of 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 records do not show any previous neuromuscular stimulator trial. The report making the request is missing. In this case, the MTUS Guidelines do not recommend the use of NMES for chronic pain. Given the lack of support from the MTUS Guidelines for the use of this modality, the request IS NOT medically necessary.

Retrospective (DOS 10/06/14) Monthly E-Stim Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Transcutaneous electrotherapy Page(s): 114-121.

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

Decision rationale: This patient presents with neck, right elbow, right wrist, and low back pain. The treater is requesting a RETROSPECTIVE (DOS 10/06/2014) MONTHLY E-STIM SUPPLIES. The MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke and there is no evidence to support its use in chronic pain." The records do not show a history of e-stim use. The report making the request is missing. In this case, the MTUS

does not recommend NMES for treatment of chronic pain and the requested supplies for this unit IS NOT medically necessary.