

Case Number:	CM14-0202395		
Date Assigned:	12/15/2014	Date of Injury:	12/07/2012
Decision Date:	02/04/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, 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 51-year-old male with date of injury of 12/07/2012. The listed diagnoses from 10/14/2014 are: 1. Lumbar disk bulge. 2. Lumbar spinal stenosis. 3. Lumbar radiculopathy. 4. Lumbar sprain/strain. 5. Cervical radiculopathy. 6. Cervical sprain/strain. 7. Headache. 8. Insomnia. According to this report, the patient complains of lower back and neck pain. He rates his low back pain at 5/10 without medication and 2/10 to 3/10 with medication use. Low back pain is associated with radiation of pain, tingling, and numbness over the left lower extremity. His neck pain is dull at a rate of 2/10 without medications and 0/10 with medications. Neck pain is associated with headaches and radiating pain with tingling and numbness to the right upper extremity. The patient also complains of loss of sleep due to pain. The examination shows tenderness and myospasm palpable over the bilateral paralumbar muscles. There is decreased lumbar range of motion in all planes due to end range back pain. Positive straight leg raise bilaterally causing low back pain radiating to both posterior thigh upon 45 degrees of leg raising. Positive Braggard's test bilaterally. Cervical spine tenderness and myospasm palpable over the bilateral paracervical muscles and bilateral trapezius muscles. Decreased cervical range of motion in all planes due to end range neck pain. Circumscribed trigger points with twitch response and referred pain. The treatment reports from 07/24/2014 to 10/14/2014 were provided for review. The utilization review denied the request on 11/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS-4 unit rental: 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 120-121.

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

Decision rationale: This patient presents with low back and neck pain. The treater is treating MEDS-4 UNIT RENTAL 3 MONTHS. The MEDS-4 unit is a combination TENS unit, muscle stimulator, interferential unit, and microcurrent in one. 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 trials suggesting benefit from NMES for chronic pain." For IF unit, the MTUS guidelines page 111 to 120 states that interferential current stimulation 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 medications and limited evidence of improvement on those recommended treatments alone. In addition, a one-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The treater does not provide a rationale behind the request. The records do not show that the patient has trialed a MEDS-4 unit in the past. In this case, MTUS does not recommend an NMES for the treatment of chronic pain. The request IS NOT medically necessary.