

Case Number:	CM14-0202397		
Date Assigned:	12/15/2014	Date of Injury:	04/26/2001
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
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 and 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 52-year-old male with date of injury of 04/26/2001. The listed diagnosis from 10/06/2014 is degeneration of the cervical intervertebral disk. According to this report, the patient complains of cervical spine pain. The pain radiates laterally into the bilateral shoulders. It is constant aching and burning at a rate of 3/10 at its best and 7/10 at its worst. He reports headache, radiation of pain between the shoulders with tingling and numbness in the hands and fingers. The examination shows tenderness to palpation in the cervical spine, posterior aspect bilaterally. Moderate tenderness to palpation in the trapezius bilaterally. Mild tenderness to palpation in the scapular border. No other findings were noted on this report. Treatment reports from 01/29/2014 to 10/06/2014 were provided for review. The utilization review denied the request on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexwave and supplies for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with neck pain radiating into the bilateral shoulders. The treater is requesting a Nexwave and supplies for the cervical spine. The NexWave unit is a combination of TENS, interferential unit, and NMES. 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 non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. For an IF Unit, the MTUS Guidelines page 111 to 120 states that interferential current stimulation is not recommended as an isolated intervention. A 1-month trial may be appropriate to permit the treater to study the effects and benefits of its use. For NMES, 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 for chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." The records do not show that the patient has used NexWave unit in the past. In this case, MTUS does not recommend NMES for treatment of chronic pain. The request is not medically necessary.