

Case Number:	CM15-0103461		
Date Assigned:	06/08/2015	Date of Injury:	01/09/1998
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 45 year old female, who sustained an industrial injury on 01/09/1998. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic cervical spondylosis, bilateral shoulder impingement syndrome, bilateral de Quervain's syndrome, and carpal tunnel syndrome. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction velocity of the upper extremities, and medication regimen. Magnetic resonance imaging of the cervical spine performed on 02/09/2015 was revealing for mild spinal canal stenosis at cervical three to four and cervical four to five along with ventral cord effacement without stenosis at cervical five to six and cervical six to seven, and mild bilateral cervical three to four and cervical four to five neural foraminal stenosis. In a progress note dated 04/29/2015 the treating physician reports complaints of severe neck and upper extremity pain. Examination revealed cervical spasms and restricted range of motion of the cervical spine. The injured worker's current medication regimen included Anaprox DS and Prilosec. The treating physician requested a stimulation unit and supplies along with urinalysis toxicology, but the documentation provided did not indicate the specific reasons for the equipment and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stim unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neuromuscular electrical stimulation Page(s): 114-121. Decision based on Non-MTUS Citation VQ Orthocare stim unit per www.vqorthocare.com.

Decision rationale: The patient presents with complaints of severe neck and upper extremity pain. The current request is for Stim unit and supplies. The RFA is dated 04/29/15. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction velocity of the upper extremities, and medication regimen. The patient is not working. VQ Orthocare stim unit per www.vqorthocare.com, is a combination product that includes High Volt pulsed current stimulation, Neuromuscular electrical stimulation and interferential stimulation. Regarding neuromuscular electrical stimulation, MTUS Chronic Pain Medical Guidelines, pages 114-121, state that neuromuscular electrical stimulation devices such as OrthoStim are "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 are no intervention trials suggesting benefit from NMES for chronic pain." For Interferential Current Stimulation (ICS), MTUS guidelines state that "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." These devices are recommended in cases where (1) Pain is ineffectively controlled due to diminished effectiveness of medications; or (2) Pain is ineffectively controlled with medications due to side effects; or (3) History of substance abuse; or (4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or (5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). According to progress 04/29/2015, the patient continues to report neck and upper extremity pain. Examination revealed cervical spasms and restricted range of motion of the cervical spine. Current medication regimen included Anaprox DS and Prilosec. RFA dated 04/29/15 requests a "VQ Orthocare Stim unit & supplies." A rationale for the request was not included. The treater does not specify whether or not the request is for purchase or rental. Furthermore, MTUS does not support NMES units for chronic pain and for an IF unit, a 30 day trial is recommended prior to a home unit. The request is not medically necessary.

UA toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines ,Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with complaints of severe neck and upper extremity pain. The current request is for UA toxicology. The RFA is dated 04/29/15. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction velocity of the upper extremities, and medication regimen. The patient is not working. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." According to progress 04/29/2015, the patient continues to report neck and upper extremity pain. Examination revealed cervical spasms and restricted range of motion of the cervical spine. Current medication regimen included Anaprox DS and Prilosec. The request is for a "UA tox," as stated in RFA dated 04/29/15. While periodic UDS's are recommended as part of opiate management, this patient is currently not on an opiate regimen to warrant a urine toxicology screening. The current request is not in accordance with MTUS guidelines and the request is not medically necessary.