

Case Number:	CM15-0106301		
Date Assigned:	06/10/2015	Date of Injury:	06/01/2014
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 33 year old female, who sustained an industrial injury on June 1, 2014. She reported cumulative trauma to the cervical spine, head, shoulders, back, upper extremities, wrists, hands, fingers, and clavicle. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain, bilateral shoulder arthralgia, and bilateral wrist sprain/strain. Treatment to date has included x-rays, chiropractic treatments, MRIs, and medication. Currently, the injured worker complains of constant upper back pain that radiates to the bilateral shoulders and elbow, constant bilateral wrist pain that radiates to the bilateral hands and fingers with numbness, tingling, weakness, and swelling sensation, low back pain that radiates to the right knee, and frequent headaches. The Treating Physician's report dated March 25, 2015, noted the injured worker with tenderness to palpation on the anterior chest bilaterally, with tenderness to palpation on the paraspinals and upper trapezius muscles bilaterally and spinous processes from C2 through C7. Examination of the shoulders was noted to show tenderness to palpation with spasms on the pectoralis and upper trapezius muscles bilaterally, with tenderness to palpation on the right biceps, right triceps, right medial, right lateral, and right clavicle. Tenderness to palpation was noted on the thenar eminence and carpal bones bilaterally, and tenderness to palpation on the metacarpophalangeal joint of the thumb, 2nd, 3rd, 4th, and 5th digits bilaterally. The treatment plan was noted to include continuation of chiropractic treatments which included physiotherapy and acupuncture therapy, requests for authorization for MRIs of the bilateral shoulders and bilateral wrists and a TENS/Multi-Stim/Interferential unit as well as a Hot/Cold pack/wrap or thermal combo for home, and prescribed refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of neurostimulator (TENS-EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain, Neuromuscular electrical stimulation Page(s): 114-116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127.

Decision rationale: This claimant was injured now over a year ago, with alleged cumulative trauma to several areas of the upper extremities and head. There has been extensive past diagnostics and conservative care. As of March 2015, there is tenderness in the chest bilaterally. The MTUS notes that neuromuscular stimulators and TENS in general are not recommended as a primary treatment modality, but a one-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, for the conditions described below. "Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)" Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) "Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005)" Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions. The duration of the trial is not noted. Moreover, the proposed unit would use NMES as well. The evidence-based synopsis in the Official Disability Duration guidelines do not give Neuromuscular Electrical Stimulation devices a recommended rating. They instead cite: "Under study. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." Given the evidence-based guidance, the use of the device might be appropriate in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. For the above reasons, the request for a trial of an NMES is appropriately not medically necessary.