

Case Number:	CM15-0108905		
Date Assigned:	06/15/2015	Date of Injury:	08/26/1997
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: Emergency 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 60 year old female, who sustained an industrial injury on 8/26/1997. The mechanism of injury was not noted. The injured worker was diagnosed as having back pain, neck pain, and left shoulder pain. Treatment to date has included diagnostics, rotator cuff repair, physical therapy, transcutaneous electrical nerve stimulation unit, unspecified injections, and medications. Hot packs, H-wave, massage, and therapeutic exercise were noted for multiple body parts on 4/29/2015, 4/24/2015, 4/21/2015, 4/17/2015, 4/14/2015, and 4/10/2015. Currently (4/17/2015), the injured worker complains of pain in her neck, low back, left elbow, and left shoulder and was documented as doing "ok". Current medications included Aricept, Lidoderm patch, Tramadol, Ultracet, Ultram, and Ultram ER. Pain levels were not documented. Exam of the left shoulder noted mildly restricted range of motion. Exam of the cervical spine noted tenderness and spasm, trigger points, and mildly restricted range of motion. Exam of the lumbar spine noted tenderness and spasm, trigger points, decreased range of motion, motor strength 4/5, decreased sensation of the right, and positive straight leg raise. She was documented as stable and was to continue the present program. A progress report regarding the treatment recommendation for E-stim, massage, and exercise (3 x 4), was not noted. A PR2 report (3/04/2015) noted that she was to remain off work for greater than 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

E-Stim (lumbar spine, cervical spine and left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120.

Decision rationale: The requested E-Stim (lumbar spine, cervical spine and left shoulder, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment 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..." There are no published randomized trials comparing TENS to Interferential current stimulation; and the criteria for its use are: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy ; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). The injured worker has pain in her neck, low back, left elbow, and left shoulder and was documented as doing "ok". Current medications included Aricept, Lidoderm patch, Tramadol, Ultracet, Ultram, and Ultram ER. Pain levels were not documented. Exam of the left shoulder noted mildly restricted range of motion. Exam of the cervical spine noted tenderness and spasm, trigger points, and mildly restricted range of motion. Exam of the lumbar spine noted tenderness and spasm, trigger points, decreased range of motion, motor strength 4/5, decreased sensation of the right, and positive straight leg raise. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, E-Stim (lumbar spine, cervical spine and left shoulder is not medically necessary.

Massage Therapy 12 sessions (3 x 4) with exercise for cervical and lumbar spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 60, Massage therapy Page(s): 60.

Decision rationale: The requested Massage Therapy 12 sessions (3x4) with exercise for cervical and lumbar spine and left shoulder, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage

therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The injured worker has pain in her neck, low back, left elbow, and left shoulder and was documented as doing "ok". Current medications included Aricept, Lidoderm patch, Tramadol, Ultracet, Ultram, and Ultram ER. Pain levels were not documented. Exam of the left shoulder noted mildly restricted range of motion. Exam of the cervical spine noted tenderness and spasm, trigger points, and mildly restricted range of motion. Exam of the lumbar spine noted tenderness and spasm, trigger points, decreased range of motion, motor strength 4/5, decreased sensation of the right, and positive straight leg raise. The treating physician has not documented a current home exercise program, any functional improvement from any previous massage therapy, nor the medical necessity for more than 4 sessions of a current trial of massage therapy before re-evaluation. The criteria noted above not having been met, Massage Therapy 12 sessions (3 x 4) with exercise for cervical and lumbar spine and left shoulder is not medically necessary.