

Case Number:	CM15-0019775		
Date Assigned:	02/09/2015	Date of Injury:	07/10/2012
Decision Date:	04/16/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old female, who sustained an industrial injury on 7/10/2012. On 2/2/15, the injured worker submitted an application for IMR for review of Neurostimulator Treatments x4 Sessions to Cervical. The treating provider has reported the injured worker complained of left shoulder and left wrist increased pain. The diagnoses have included osteophyte complex with reversed cervical lordosis, C5-C6 radiculopathy, status post arthroscopic left shoulder rotator cuff repair surgery (6/10/14), post operative frozen left shoulder, status post carpal tunnel release surgery, cervical discopathy C4-5 and C5-6 with cord compression, psychological factors. Treatment to date has included x-rays, MRI cervical spine, physical therapy, acupuncture. On 12/30/14 Utilization Review non-certified Neurostimulator Treatments x4 Sessions to Cervical. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator Treatments x4 Sessions to Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices) Page(s): 120-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 124.

Decision rationale: Neurostimulator Treatments x4 Sessions to Cervical is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that neuromuscular electrical stimulation also known as 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. The documentation does not indicate that the patient is undergoing a rehabilitation program following a stroke. The request for neurostimulator treatment is not medically necessary.