

Case Number:	CM15-0146628		
Date Assigned:	08/07/2015	Date of Injury:	09/26/2014
Decision Date:	09/03/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 68-year-old male who sustained an industrial injury on 09-26-2014. Diagnoses include cervical spine herniated nucleus pulposus at C4-5 and C6; left shoulder pain; left cervical spine radiculopathy with stenosis and myofascial pain syndrome. Treatment to date has included medications, epidural steroid injections, trigger point injections, peripheral nerve blocks, physical therapy and shoulder injections. According to the PR2 dated 4-24-2015, the IW reported neck pain rated 4 to 5 out of 10, radiating to the left shoulder. On examination, there were spasms in the left shoulder, decreased cervical spine and left shoulder range of motion and decreased sensation in the left arm in the C6 and C7 dermatomes. Grip strength was 15-15 (kg) on the right and 8-8 (kg) on the left. A request was made for one Solace Multi-Stim unit: 5 month rental, electrodes: 8 pair per month, lead wires: quantity 2 and adaptor; and one heat/cold unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace multi stim unit- 5 month rental, electrodes- 8 pair per month, lead wires qty: 2 and adapter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating neck pain. When seen, there was decreased cervical and left shoulder range of motion. There was decreased left upper extremity sensation and grip strength. There were left shoulder muscle spasms. There was a normal BMI. The requested MultiStim unit provided combination of TENS, and interferential stimulation, and neuromuscular electrical stimulation. In terms of TENS or interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is 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. Additionally, the request was for a 5 month trial which would be excessive in terms of determining whether ongoing use and possible purchase of a basic unit could be considered. The trial using the requested combination unit was not medically necessary.

Heat/cold unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Heat/cold applications.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating neck pain. When seen, there was decreased cervical and left shoulder range of motion. There was decreased left upper extremity sensation and grip strength. There were left shoulder muscle spasms. There was a normal BMI. Use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. A combination hot/cold unit is not medically necessary.