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| Case Number: | CM15-0169204 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 10/30/2013 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 08/27/2015 |

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 64 year old female who sustained an industrial injury on 10-3-13. Diagnoses are cervical sprain with chronic degenerative disc disease, bilateral shoulder sprain, bilateral hand sprain, status post carpal tunnel decompression surgery-both wrists, thoracic spine sprain, chronic degenerative disc disease, lumbar scoliosis, chronic degenerative disc disease and history of diabetes. Previous treatment noted includes medication, physical therapy, acupuncture, and home exercise. In a complex comprehensive orthopedic panel qualified medical examination dated 3-6-15, the physician refers to a medical record dated 8-6-14 in which the physician notes in the treatment plan; a request for a home interferential unit to decrease pain and muscle spasm. In the most recent progress report made available for review, dated 4-8-15, the treating physician notes pain with medications is rated at a 4 out of 10 and without medications is at an 8 out of 10. The functional benefit of medications is noted as she is able to perform activities of daily living and has improved participation in a home exercise program and therapy program. Stress, anxiety, and depression are noted as well as joint pain, muscle spasm and weakness. Medications are Norco, Fexmid, and Remeron. The treatment plan-request for authorization is to continue home EMS (electronic muscle stimulation), continue home exercise, refill medications, and a psychiatric consult. Work status is noted as retired in 2013. The requested treatment of electrode gel 2 PR sensaderm non-sterile SO tip, quantity 1, battery pack power pack 4.5v quantity 1, and adhesive remover wipe 01-EA mint scented, quantity 1 was not approved on 8-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrode gel 2 PR sensaderm non sterile SO tip 2 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain in her hands, wrists, neck, back and shoulders. The request is for Electrode gel 2 PR sensaderm non sterile SO tip 2 QTY: 1.00. The request for authorization is not provided. Physical examination of the cervical spine reveals tenderness on the right side of the cervical spine. There is spasm and tenderness on the right side of the cervical spine. Reduced range of motion. Exam of the lumbar spine reveals tenderness and spasm on the left side of the lumbar spine. Reduced range of motion. Exam of bilateral wrists reveals evidence of a 3-cm incision over the volar aspect of the wrists from carpal tunnel decompression surgery. Exam of the right hand reveals small volar scar over the base of the thumb from the release of a trigger thumb. Patient's medications include Glyburide, Mirtazapene, Cyclobenzaprine, and Hydrocodone. Per QME report dated 03/06/15, the patient retired in 2013 and not working. MTUS Chronic Pain Medical Guidelines, pages 114-121 and Neuromuscular electrical stimulation (NMES) section, 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." Per progress report dated 04/08/15, treater's reason for the request is "Treatment Plan - Continue Home EMS." The request appears to be for Electrode Gel to be used with an EMS or electrical muscle stimulator, also known as NMES, which is specifically not recommended for chronic pain. MTUS guidelines does not support neuromuscular stimulator (NMES) except for stroke rehabilitation. In this case, the patient continues with pain in her hands, wrists, neck, back and shoulders. The patient does not meet guideline indications for an EMS. Therefore, the request IS NOT medically necessary.

Battery pack power pack 4.5v QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain in her hands, wrists, neck, back and shoulders. The request is for Battery pack power pack 4.5v QTY: 1.00. The request for authorization is not provided. Physical examination of the cervical spine reveals tenderness on the right side of the cervical spine. There is spasm and tenderness on the right side of the cervical spine. Reduced range of motion. Exam of the lumbar spine reveals tenderness and

spasm on the left side of the lumbar spine. Reduced range of motion. Exam of bilateral wrists reveals evidence of a 3-cm incision over the volar aspect of the wrists from carpal tunnel decompression surgery. Exam of the right hand reveals small volar scar over the base of the thumb from the release of a trigger thumb. Patient's medications include Glyburide, Mirtazapene, Cyclobenzaprine, and Hydrocodone. Per QME report dated 03/06/15, the patient retired in 2013 and not working. MTUS Chronic Pain Medical Guidelines, pages 114-121 and Neuromuscular electrical stimulation (NMES) section, 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." Per progress report dated 04/08/15, treater's reason for the request is "Treatment Plan - Continue Home EMS." The request appears to be for Battery Pack to be used with an EMS or electrical muscle stimulator, also known as NMES, which is specifically not recommended for chronic pain. MTUS guidelines does not support neuromuscular stimulator (NMES) except for stroke rehabilitation. In this case, the patient continues with pain in her hands, wrists, neck, back and shoulders. The patient does not meet guideline indications for an EMS. Therefore, the request IS NOT medically necessary.

Adhesive remover wipe 01/EA mint scented QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain in her hands, wrists, neck, back and shoulders. The request is for Adhesive remover wipe 01/EA mint scented QTY: 1.00. The request for authorization is not provided. Physical examination of the cervical spine reveals tenderness on the right side of the cervical spine. There is spasm and tenderness on the right side of the cervical spine. Reduced range of motion. Exam of the lumbar spine reveals tenderness and spasm on the left side of the lumbar spine. Reduced range of motion. Exam of bilateral wrists reveals evidence of a 3-cm incision over the volar aspect of the wrists from carpal tunnel decompression surgery. Exam of the right hand reveals small volar scar over the base of the thumb from the release of a trigger thumb. Patient's medications include Glyburide, Mirtazapene, Cycloenzaprine, and Hydrocodone. Per QME report dated 03/06/15, the patient retired in 2013 and not working. MTUS Chronic Pain Medical Guidelines, pages 114-121 and Neuromuscular electrical stimulation (NMES) section, 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." Per progress report dated 04/08/15, treater's reason for the request is "Treatment Plan - Continue Home EMS." The request appears to be for Adhesive Remover to be used with an EMS or electrical muscle stimulator, also known as NMES, which is specifically not recommended for chronic pain. MTUS guidelines does not support neuromuscular stimulator (NMES) except for stroke rehabilitation. In this case, the patient continues with pain in her hands, wrists, neck, back

and shoulders. The patient does not meet guideline indications for an EMS. Therefore, the request IS NOT medically necessary.