

<b>Case Number:</b>	CM15-0188821		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

This injured worker is 59 year old female, who sustained an industrial injury on 12-21-2009. The injured worker was diagnosed as having cervical spine stenosis, herniated nucleus pulposus and bilateral neural foraminal narrowing at C4 through C7, bilateral C6 and right C7 radiculopathy, lumbar spine musculoligamentous sprain-strain with bilateral lower extremity radiculopathy, bilateral shoulder musculoligamentous sprain-strain. On medical records dated 09-01-2015 and 08-24-2015 the subjective complaints were noted as high levels of pain, stress, anxiety and depression. Pain was noted at neck that radiates to bilateral upper extremities, bilateral shoulders that radiates to hands, and lower back pain that radiates to her bilateral lower extremities. All pain was associated with numbness and tingling. Pain was rated as lumbar spine pain 2-3 out of 10 and on a bad day could be 6 out of 10. Cervical pain was noted as a 5 out of 10 and was noted a 9 on at its worst and a 3 at its best. Bilateral shoulder pain noted that pain was normally an 8 but could get as bad as 9 or as good as 4. Objective findings were noted as cervical spine revealed moderate tenderness to palpation of the cervical paravertebral musculature and a decreased range of motion. Positive Spurling test, and cervical compression test was noted. Bilateral shoulders revealed no tenderness and no noted decreased in range motion. Lumbar spine revealed a mild tenderness to palpation of the lumbar paravertebral musculature and a decreased in in range of motion was noted. Treatments to date included medication and epidural steroid injections. Electromyogram and nerve conduction studies on 08-06-2015 noted an abnormal study revealing evidence of chronic left C6 radiculopathy, chronic right C6 and or C7 radiculopathy, no evidence of brachial plexopathy, or mononeuropathy

involving bilateral median, ulnar and radial nerves and no evidence of bilateral carpal tunnel syndrome or ulnar neuropathy localized across wrists or elbows was noted. The injured worker was noted to be temporary partially disabled. Current medications were listed as Excedrin PM and Ibuprofen and Lisinopril. The Utilization Review (UR) was dated 09-16-2015. A request for Pro-stim 5.0 purchase, plus three months supplies was submitted. The UR submitted for this medical review indicated that the request for Pro-stim 5.0 purchase, plus three months supplies was non-certified. Therefore, the requested treatment is not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pro-stim 5.0 purchase, plus three months supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23381757>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Interferential current stimulation (ICS) (2) Pain (Chronic), Neuromuscular electrical stimulation (NMES devices) (3) Pain (Chronic), Transcutaneous electrical neurostimulation (TENS).

**Decision rationale:** The claimant sustained a work injury in December 2009 and is being treated for injuries sustained while lifting and carrying heavy boxes. When seen, she was having radiating neck and radiating low back pain, bilateral shoulder pain, and secondary stress, anxiety, depression and insomnia. Her prior treatments were reviewed. Physical examination findings included cervical spine tenderness with decreased range of motion. Spurling's and Cervical compression tests were positive. There was decreased upper extremity strength and sensation. An anterior cervical decompression and fusion was requested with post-operative care including the requested Pro-Stimulation 5.0 unit. The requested unit provides a combination of TENS, interferential stimulation, and neuromuscular electrical stimulation. TENS is recommended as a treatment option for acute post-operative pain in the first 30 days after surgery. A neuromuscular electrical stimulation (NMES) device can be recommended as an option only for short-term use during rehabilitation early in the postoperative period following major knee surgeries. An interferential stimulation unit can be recommended for significant pain from postoperative or acute conditions which limits the ability to perform exercise programs/physical therapy treatment and is not recommended as an isolated intervention. In this case, the claimant has not undergone the planned surgical procedure. There would be no need for NMES. A basic TENS unit could be considered with consideration of an interferential unit the claimant was unable to participate in post-operative rehabilitation. The requested multi stimulation unit is not medically necessary.