

Case Number:	CM15-0206744		
Date Assigned:	10/23/2015	Date of Injury:	04/07/2014
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This is a 53 year old male who sustained a work-related injury on 4-7-14. Medical record documentation on 9-23-15 revealed the injured worker was being treated for cervicgia and low back pain. He reported aching pain in the neck, mid back and low back with radiation of pain to the arms and left anterior upper leg. He reported numbness in the left leg. His pain was improved with TENS unit, medications and physical therapy. He completed at least ten sessions of physical therapy since 5-22-15 for the low back and neck. He rated his pain an 8-10 on a 10-point scale without pain medications and a 1-5 on a 10-point scale with medications. Objective findings included an antalgic gait with use of a cane for assistance. He had 4+ - 5 strength in the left lower extremity and 5- - 5 strength in the right lower extremity. His sensation was intact but diminished in the left upper leg. He had limited range of motion due to pain with flexion and extension. Straight leg raise was positive on the left. Patrick's sign was positive on the left. EMG-NCS on 8-19-15 revealed left L4-5 radiculitis. A request for one NexWave Home Estim was received on 10-8-15. On 10-9-15, the Utilization Review physician determined NexWave Home Estim was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NexWave Home Estim: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Electrical muscle stimulation.

Decision rationale: The 51 year old patient complains of neck pain, upper back pain, and lower back pain, radiating to arm and left anterior leg, rated at 1-5 with medications and 8-10/10 without medications, as per progress report dated 09/23/15. The request is for 1 NexWave Home Estim. There is no RFA for this case, and the patient's date of injury is 04/07/14. Diagnoses, as per progress report dated 09/23/15, included neck pain, low back pain, cervical spine degeneration, lumbar degenerative disc disease, post concussion syndrome, post-traumatic epilepsy, chronic pain, muscle pain, numbness, seborrheic dermatitis, atopic dermatitis, and tenia pedis. Medications included Sulindac, Clotrimazole, Cetrizine, Zantac, Fluocinonide, Methocarbamol, and Carbamazepine. Diagnoses, as per psychiatry report dated 09/24/15, included r/o post-concussion syndrome and depressive disorder. The patient is not working, as per progress report dated 09/23/15. The NexWave Estim unit is a combination of TENS, NMES and IFC. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Electrical muscle stimulation (EMS) Section states, "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions..... In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" MTUS Chronic Pain Medical Treatment Guidelines 2009, Transcutaneous electrotherapy section, pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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 treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) MTUS Guidelines, Transcutaneous Electrotherapy Section, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). In this case, none of the reports discuss the request. The patient uses TENS unit two to three times per week which helps reduce pain temporarily, as per progress report dated 09/23/15. The treater, therefore, recommends continuation of its use in that report. It is not clear why the treater seeks to change it an ESIM unit which is a combination of TENS, NMES and IFC. The reports do not mention if this request is for a rental or a purchase. Additionally, there is no indication that the pain is ineffectively controlled by medications or that the patient has significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment, for which interferential units are indicated. Furthermore, MTUS does not recommend EMS for chronic pain. Hence, the request is not medically necessary.

