MAXIMUS Federal Services

Case Number:	CM15-0207686		
Date Assigned:	10/26/2015	Date of Injury:	04/28/2015
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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 31 year old male who sustained an industrial fall injury on 04-28-2015 with lacerations to his face and loss of consciousness. Initial diagnostic testing was negative for acute pathology. Lacerations were sutured. A review of the medical records indicated that the injured worker is undergoing treatment for neck pain with right upper extremity radiculitis and post-concussion headaches. According to the treating physician's progress report on 09-23-2015, the injured worker continues to experience cervical spine pain rated at 7 out of 10 on the pain scale. Examination demonstrated tenderness to palpation over the right suboccipital musculature and tenderness to palpation with spasm of the paraspinal and trapezius muscles with decreased range of motion and positive right shoulder depression test. Tinel's sign was positive at the right elbow and right wrist. There was full range of motion of the upper extremities. Prior treatments have included diagnostic testing, physical therapy (6 sessions initiated) and medications. Current medication was listed as Anaprox. Treatment plan consisted of continuing with physical therapy, neurology consultation, magnetic resonance imaging (MRI) of the cervical spine, electrodiagnostic studies of the right upper extremity and the current request for a home muscle stimulation unit x1. On 10-21-2015, the Utilization Review determined the request for a home muscle stimulation unit x1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home muscle stimulation unit x1: Upheld

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

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

Decision rationale: The current request is for a Home muscle stimulation unit x1. Prior treatments have included diagnostic testing, physical therapy (6 sessions initiated) and medications. Work status: Modified work. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain." According to progress report 09/23/15, the patient continues to experience cervical spine pain rated at 7 out of 10 on the pain scale. Examination demonstrated tenderness to palpation over the right suboccipital musculature and tenderness to palpation with spasm of the paraspinal and trapezius muscles with decreased range of motion and positive right shoulder depression test. The treater recommended a home electrical stimulation unit for the management of pain and spasms. MTUS guidelines support neuromuscular stimulator (NMES) for stroke rehabilitation, but does not support its use for chronic pain. Review of records does not show the patient is part of a rehabilitation program following a stroke. In this case, the patient presents with chronic neck pain, and MTUS does not support EMS or NMES for chronic pain conditions. This request does not meet guideline indications. Therefore, the request is not medically necessary.