

Case Number:	CM15-0023256		
Date Assigned:	02/12/2015	Date of Injury:	02/09/2012
Decision Date:	04/21/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 44-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain, chronic shoulder pain and chronic pain syndrome reportedly associated with an industrial injury of February 9, 2012. In a Utilization Review Report dated January 8, 2015, the claims administrator denied an interferential stimulator-neuromuscular electrical stimulator device with associated electrodes, batteries, and lead wires. An RFA form received on December 31, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated November 23, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck, shoulder, and back pain. The applicant was given refill of tizanidine. The applicant was apparently using tizanidine, Sentra, Prevacid, meclizine, Nucynta, and Zestril. The applicant was apparently receiving prescriptions from multiple providers. Chiropractic manipulative therapy and the multimodality electrotherapy device at issue were seemingly endorsed while the applicant was placed off work, on total temporary disability, for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF/NMES home stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Cervical Spine and pain chapters, IF/NMES home stimulation unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: No, the request for an interferential stimulator-neuromuscular electrical stimulator device was not medically necessary, medically appropriate, or indicated here. As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation or (NMES) one of the modalities in device, is not recommended in the chronic pain context present here but, rather, it should be reserved for post-stroke rehabilitative context. Since the NMES component of the device was not recommended, the entire device was not recommended. Therefore, the request was not medically necessary.

Electrodes times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Cervical Spine and pain chapters, IF/NMES home stimulation unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The request for electrodes was not medically necessary, medically appropriate, or indicated here. Since the primary request for an IF-NMES device was deemed not medically necessary, the derivative or companion request for associated electrodes to be employed in conjunction with the same was not medically appropriate, or indicated here.

Lead wires times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Cervical Spine and pain chapters, IF/NMES home stimulation unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The request for lead wires was not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for the IF-NMES unit. Since the primary request for IF-NMES device was deemed not medically necessary, the derivative or companion request for lead wires was likewise not medically necessary.

Batteries times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Cervical Spine and pain chapters, IF/NMES home stimulation unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The request for batteries was not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for the IF-NMES unit. Since the primary request for an IF-NMES device was deemed not medically necessary, the derivative or companion request for batteries was likewise not medically necessary.