

Case Number:	CM15-0052818		
Date Assigned:	04/16/2015	Date of Injury:	04/22/2014
Decision Date:	06/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/19/2015

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, Arizona

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 49 year old female, who sustained an industrial injury on 4/22/2014. She reported neck, back, and bilateral hand pain. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus with severe stenosis, bilateral upper extremity radicular pain and paresthesia, bilateral lower extremity radicular pain and paresthesia, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, bilateral elbow sprain/strain, and thoracic spine sprain/strain. Treatment to date has included ergonomic workstation evaluation, medications, x-rays, physical therapy, modified duties, magnetic resonance imaging, massage, epidural steroid injection, and acupuncture. The request is for physical therapy for the cervical spine and lumbar spine, and X-force stimulator and supplies, and lead wires, replacement batteries, and conductive garment, FIR heating system, Soma 350mg #60, and Norco 5/325mg #60. The records indicate she did not have any relief following cervical spine epidural injection. On 2/24/2015, she reported ongoing pain to the neck, bilateral shoulders, bilateral hands/wrists, thoracic spine, lumbar spine, and bilateral arms, right elbow, bilateral lower extremities, and headaches. The records indicate she had moderate relief of her pain following a course of physical therapy for the neck, and back. The treatment plan included: recommendation for physical therapy for the cervical and lumbar spines, neurological evaluation, psychiatric evaluation, and internal medicine evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinous stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unvertebral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-

rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. The California Medical Treatment Guidelines recommend 8 to 10 visits over 4 weeks for injured workers with neuralgia, neuritis and radiculitis. Initial 4 to 5 visits over 4 weeks is recommended. With documentation of objective functional improvement with these visits, additional visits may be recommended. There is no documentation of the injured worker's objective functional improvements from the previous physical therapy visits. The request also exceeds guideline recommendations. Therefore, the request for physical therapy 2 x 4 to the cervical spine is not medically necessary.

Physical therapy 2 x 4 to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal

rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinous stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unvertebral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. The California Medical Treatment Guidelines note that an initial 4-5 visits over 4 weeks is recommended for injured workers with neuralgia, neuritis and radiculitis. With documentation of objective functional improvement with these visits, additional visits may be recommended. The injured worker has previously completed physical therapy visits. There is no documentation of any objective functional improvement with these visits. The request also exceeds guideline recommendations. Therefore, the request for physical therapy 2 x 4 to lumbar spine is not medically necessary.

X-force stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

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

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and

awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinous stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unconvertrebral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. The California Medical Treatment Guidelines note that neuromuscular electrical stimulation is not recommended. It is used primarily as a part of a rehabilitation program following a stroke and there is no evidence to support its use for chronic pain. There is no documentation that the injured worker has had a stroke that would require the need for a neuromuscular electrical stimulation. There are no intervention trials suggesting benefit of an NEMS for chronic pain. Therefore, the request for X force stimulator is not medically necessary.

X-Force stimulator supplies, 2 lead: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

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

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She

complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinous stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unvertebral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. The California Medical Treatment Guidelines note that neuromuscular electrical stimulation is not recommended. An NMES is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use for chronic pain. There is no intervention trials suggesting benefit from an NEMS for chronic pain. There is also no documentation that the injured worker has had a stroke that required the need for a neuromuscular electrical stimulation. Therefore, the request for X force stimulator supply 2 lead is not medically necessary.

X-Force stimulator lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

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

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinous stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unvertebral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. The California Medical Treatment Guidelines note that neuromuscular electrical stimulation is not recommended. An NMES is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use for chronic pain. There is no intervention trials suggesting benefit from an NEMS for chronic pain. There is no documentation that the injured worker has had a stroke that required the need for a neuromuscular electrical stimulation. Therefore, the request for X force stimulator lead wires is not medically necessary.

X-Force stimulator replacement batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

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

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinal stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unconvertrebral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views

noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. The California Medical Treatment Guidelines note that neuromuscular electrical stimulation is not recommended. An NMES is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use for chronic pain. There is no intervention trials suggesting benefit from an NEMS for chronic pain. There is also no documentation that the injured worker has had a stroke that required the need for a neuromuscular electrical stimulation. Therefore, the request for X force stimulator lead wires is not medically necessary.

X-Force stimulator conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 121.

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

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased

deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinous stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unconvertbral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. The California Medical Treatment Guidelines note that neuromuscular electrical stimulation is not recommended. An NMES is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use for chronic pain. There is no intervention trials suggesting benefit from an NEMS for chronic pain. There is also no documentation that the injured worker has had a stroke that required the need for a neuromuscular electrical stimulation. Therefore, the request for X force stimulator conductive garment is not medically necessary.

FIR heating system: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 171-172.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118-120.

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The

injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinous stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unvertebral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. The California Medical Treatment Guidelines note that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications and limited evidence of improvement on the recommended treatments alone. There needs to be documentation that the injured worker's pain is ineffectively controlled due to diminished effectiveness of medications or there is medication side effects or history of substance abuse. There also needs to be documentation that the injured worker is unresponsive to other conservative measures. If the guidelines are met, there may be a 1 month trial appropriate. There is no documentation that the injured worker's pain is ineffectively controlled by medications, side effects or a history of injured worker substance abuse. There is also no documentation that the injured worker has completed all other conservative measures. Therefore, the request for a FIR heating system is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated

when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinous stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unconvertrebral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. California Medical Treatment Guidelines note that Soma is not recommended. The medication is also not indicated for long-term use. There is also no documentation of the injured worker having any skeletal muscle spasms. The injured worker has previously been using the medication Soma. It is not indicated for long-term use and it is also not recommended. Therefore, the request for Soma 350 mg #60 is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80.

Decision rationale: The injured worker complained of continuous pain in her neck that radiates to the upper back and bilateral upper extremities. Her neck pain was present 100% of the time. The injured worker states her pain is a 7/10 to 8/10. With frequent severe headaches that are associated with her neck pain. She also has stiffness in her neck and pain that is aggravated when she tilts her head up and down and moves her head from side to side. The pain increases with prolonged sitting and standing and she has difficulty sleeping and awakens with pain and discomfort. She complains of continued pain in her bilateral shoulders with the pain being a 8/10 to 9/10. Her shoulders are increased with reaching, moving around backwards and lifting her upper extremity above shoulder level. Her medications and heat help alleviate the pain. She complains of bilateral arm and right elbow pain. The injured worker also has bilateral hand/wrist and thoracic pain. The injured worker has continuous pain in her lower back that radiates to the bilateral lower extremities. Her pain in her low back is present 100% of the time. The injured worker had episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. Her pain is an 8/10 to 9/10. Coughing and sneezing aggravate her low back pain. Her pain is also increased with prolonged standing, walking and sitting activities. She is unable to sit for more than 10 minutes or stand for more than 5 minutes before pain symptoms increase. She has difficulty bending forwards, backwards, sideways and driving for a prolonged period of time. The injured worker had difficulty sleeping due to her lumbar spine pain and awakens with pain and discomfort. Heat and medications also help her lumbar spine pain. The injured worker also complains of frequent pain in her lower extremities that radiates from her low back. She has episodes of numbness and tingling in the bilateral lower extremities with the right greater than left. The injured worker had a decreased cervical, thoracic, bilateral shoulder and lumbar spine range of motion. The injured worker had a positive Phalen's test, reverse Phalen's test and Tinel's sign on the right and left side. The injured worker also had a positive straight leg raise and a Braggard's test on the right and left. The injured worker had a sensory deficit over the bilateral C6 dermatomes. There was also a sensory deficit over the bilateral S1 dermatomes. The injured worker had decreased strength in the biceps, wrist extension, internal rotators, external rotators and gastrocnemius/peroneus longus. The injured worker had decreased deep tendon reflexes in the brachial radialis and Tinel-Achilles. The MRI of the lumbar spine from 02/05/2015 notes a normal MRI of the lumbar spine. The MRI of the cervical spine from 06/27/2014 notes C4-5 intervertebral disc height narrowing noted. There was mild anterior disc marginal osteophyte complex noted. There was 1 mm posterior broad based disc bulge without significant central spinous stenosis noted. There was at the C5-6 a 2 mm posterior broad based disc bulge seen slightly entering the ventral thecal sac. Mild unconvertrebral spondylosis and minimal bilateral foraminal narrowing noted. At the C6-7, there is 1 mm broad based disc bulge with significant central spinal stenosis noted. Wrist x-rays were within normal limits. The x-rays of the lumbar spine were within normal limits. The x-rays of the cervical spine in 4 views noted mild disc space narrowing at the C5-6 and mild to moderate spondylosis at the C5-7. The injured worker has previously completed physical therapy for her low back and neck pain. Medications include Soma and Norco. The California Medical Treatment Guidelines note that Norco is indicated for moderate to moderately severe pain. There needs to be documentation of the injured workers pain relief, functional status, appropriate medication and side effects. The pain assessments should include the current pain, the least reported pain over the period since

last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There also needs to be documentation of the injured worker having a urine drug screen completed. There is no documentation that injured worker's appropriate pain assessment, functional status, appropriate medication use and side effects. There is also no documentation of the objective functional improvement with the use of this medication. Therefore, the request for Norco 5/325 mg #60 is not medically necessary.