

Case Number:	CM14-0006289		
Date Assigned:	03/03/2014	Date of Injury:	03/27/2003
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury of an unknown mechanism on 03/27/2003. In the clinical note dated 12/06/2013, the injured worker complained of severe neck pain flaring up with a very stiff neck. The injured worker was annotated as saying that the pain was disabling and he could no longer work. It was noted that the injured worker had been prescribed Norco 10/325 mg 8 per day for pain and he also continued utilizing Effexor. The physical examination revealed that the cervical spine showed slightly decreased range of motion in flexion, extension, lateral flexion, and rotation. There was tenderness to palpation at the left side of the low neck. The diagnoses included neck pain with referred pain from the left upper extremity. The treatment plan included a request for authorization for a cervical epidural steroid injection since the injured worker was noted to have severe neck pain with associated radicular pain in the left upper extremity. The injured worker was to continue his current pain medications of Norco 10/325 mg 8 per day, Topamax 25 mg, Robaxin 750 mg as needed, venlafaxine, Klonopin, and a MEDS stimulating unit for pain was recommended. The request for authorization was submitted on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

E-STIM MEDS3 NEUROMUSCULAR STIMULATOR FOR THREE MONTHS RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The California MTUS Guidelines state that E-Stim Neuromuscular Stimulator is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In the clinical documentation provided for review, there was lack of documentation of the injured workers pain level. There was a lack of documentation of the efficacy of the medications being taken by the injured worker. The guidelines state that neuromuscular stimulation may be used as part of a rehabilitation program following a stroke. It did not appear the therapy would be used as a part of a rehabilitation program following a stroke. Therefore, the request for MEDS3 E-stim neuromuscular stimulator for 3 months rental is not medically necessary.