

Case Number:	CM14-0125517		
Date Assigned:	08/11/2014	Date of Injury:	11/16/2012
Decision Date:	09/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/07/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A note dated 6/10/14 indicates pain in the neck. It radiates into the upper extremities bilaterally. Further reading shows a cervical epidural steroid injection (ESI) at C5-6 dated January 2014. The ESI provided 75 to 80% improvement in pain. Examination noted tenderness in the cervical spine. There was limited range of motion (ROM). There was tenderness over the facet joints and localized pain in the muscles. Reflexes were absent at the triceps and reduced in the biceps. Grip strength was 4/5 in right and 3/5 on left. Plan of care was for nerve blocks. 6/7/13 note indicates request for TENS/EMS neurostimulator device with hot cold therapy. 3/12/13 PR-2 noted decreased range of motion in the cervical spine and lumbar spine and left shoulder. There was constant pain reported. There was localized muscle spasms reported with positive shoulder depression test and cervical compression test.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (Durable Medical Equipment), Unknown: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, EMS - electrical muscle stimulation Other Medical Treatment Guideline or Medical Evidence: <Insert

Other Basis/Criteria> 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. Primary pain relief via gate control may be obtained by EMS, TENS, or other forms of ENS. The theory is that rhythmic muscle stimulation by modulated DC or AC probably increases joint range of motion, reeducates muscles, retards muscle atrophy, and increases muscle strength. Circulation can be increased and muscle hypertension decreased, which may lead to secondary pain relief. (Kroeling-Cochrane, 2005) Since the quality of evidence is low or very low, we cannot make any definite statements on the efficacy and clinical usefulness of electrotherapy modalities for neck pain. There is very low quality evidence that electric muscle stimulation (EMS) is not more effective than placebo. EMS did not reduce pain or disability. (Kroeling, 2009) See also Electromagnetic therapy (PEMT); Galvanic current; Iontophoresis; Magnets; Repetitive magnetic stimulation (rMS); & Transcutaneous electrical neurostimulation (TENS).

Decision rationale: Electrical muscle stimulation (EMS) is not medically supported by Official Disability Guidelines (ODG) guidelines. There is no evidence of functional benefit from the use of such device. The medical records do not indicate a post surgical condition of the insured for which increased muscle strength or avoidance of muscle atrophy is supported for use of the EMS device. The requested treatment is not medically necessary and appropriate.