Case Number:	CM14-0138309		
Date Assigned:	09/05/2014	**Date of Injury:**	01/15/2014
Decision Date:	09/29/2014	**UR Denial Date:**	07/31/2014
Priority:	Standard	**Application Received:**	08/26/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 28-year-old with a reported date of injury of 01/15/2014 that occurred as a result of a motor vehicle accident at work. The patient has the diagnoses of cervical spine strain, right shoulder sprain with impingement, right wrist and hand sprain, thoracic spine strain/sprain, right sacroiliac sprain and right knee contusion. Per the progress reports provided by the treating physician dated 07/14/2014, the patient had complaints of neck pain radiating to the right upper extremity, right shoulder pain, mild back pain, right knee pain and lower back pain radiating to the lower extremity on the right side. Physical exam noted cervical tenderness to palpation with spasm and positive Spurling's' maneuver and axial loading test on the right. The right shoulder was tender to palpation with positive impingement test. The thoracic spine was tender to palpation. The right knee was tender with positive compression and Grind test. Sensation to pinprick was decreased in the right L4/L5 dermatome on the right but intact in the other extremities. Treatment recommendations included request for chiropractic care, electrical muscle stimulation unit, MRI of the lumbar spine and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical Muscle Stimulation Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherpay Page(s): 114-118.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous stimulations states: Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin.H-wave stimulation (HWT)Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain (Julka, 1998) (Kumar, 1997) (Kumar, 1998), or chronic soft tissueinflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS).Interferential Current Stimulation (ICS) 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 those recommended treatments alone. The randomized trials that have evaluated theeffectiveness of this treatment have included studies for back pain, jaw pain, soft tissueshoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008) While not recommended as an isolated intervention, Patient selection criteria ifInterferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Neuromuscular electrical stimulation (NMES devices) 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. (Moore, 1997)(Gaines, 2004)The above forma of transcutaneous electrotherapy are not intended for isolated intervention. The patient has no evidence of using this as an adjunct to evidence based functional-restoration program or is there evidence of failure of recommended conservative care. The patient is also not post-operative or post stroke. For these reasons criteria as set forth above have not been met and thus the request for Electrical Muscle Stimulation Unit is not medically necessary.