

Case Number:	CM14-0212751		
Date Assigned:	12/30/2014	Date of Injury:	06/01/2009
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 records presented for review indicate that this 44-year-old gentleman sustained an injury on June 1, 2009. The specific mechanism of injury is unknown. There is a history of prior treatment to include a C5 - C6 cervical fusion performed on August 5, 2009 as well as treatment with physical therapy and oral medications. The most recent progress note is dated November 12, 2014 and includes a complaint of continued cervical spine pain rated from 5-9/10 with associated numbness, tingling, and weakness. Current medications are unknown. The physical examination on this date revealed tenderness along the cervical and upper thoracic paraspinal muscles with decreased range of motion. Upper extremity strength was rated at 5/5. An MRI the cervical spine dated June 20, 2014 revealed evidence of a prior fusion at C5 - C6 with moderate left foraminal narrowing. There was also moderate to severe canal narrowing mild left and right foraminal narrowing at C3 - C4, as well as narrowing at C4 - C5 and C2 - C3. The treatment plan included a recommendation for the use of a tens unit, and an inferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS-4 INF stimulator with electrodes x 3 months for the cervical spine: 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 Inferential Current Stimulation Page(s): 118.

Decision rationale: The California MTUS Guidelines does not recommend the use of an inferential current stimulator as an isolated intervention and recommends documentation that pain has been ineffectively controlled due to medication ineffectiveness or side effects, that there be inability to perform exercise such as physical therapy as well as documentation that the injured employee has been unresponsive to other conservative measures. Additionally, a jacket is not recommended until after a one-month trial of this device. The most recent progress note dated November 12, 2014 does not indicate that the injured employee has failed to improve with other conservative measures including oral medications, physical therapy, and home exercise. Furthermore, it is unclear why there is a concurrent request for both a TENS unit and an inferential current stimulator unit. Additionally the use of a requested garment is not recommended until after an initial 30 days trial. For these reasons, this request is not medically necessary.