

Case Number:	CM14-0214237		
Date Assigned:	01/07/2015	Date of Injury:	07/10/2012
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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
 Certification(s)/Specialty: Internal Medicine

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 an injured worker with a history of neck complaints. Date of injury was July 10, 2012. The primary treating physicians neurological evaluation report dated September 11, 2014 documented that on July 10, 2012, the patient fell backwards off a ladder, hitting the back of his head on a nearby wall. Then the ladder landed on his testicles. He had no bleeding or bruises. The patient apparently lost consciousness. The incident was reported to the manager, who called the paramedics. The patient was taken to an emergency room. He subsequently received outpatient physical therapy for two weeks which was not helpful. He is receiving medication and chiropractic treatment. The patient complains of low back pain, across the back. The pain extends to the right buttock, right groin, right thigh and right knee. The pain is constant. He needs to use a cane to ambulate. The patient also complains of headache. Physical examination was documented. The neck is supple. There is no carotid bruit heard. Neck extensors and flexors are strong. There is no evidence of lymphadenopathy. The patient is oriented to time, place and person. His recent and remote memory are normal. He had some difficulty recalling three words after three minutes. He was only able to recall two of the words. The patient does not have apraxia. The patient's neurological examination is stable. There is no evidence of any focal neurological deficit. He also did well overall on his mini-mental status exam. There is no evidence of any cognitive deficit. Muscle tone, bulk and strength are within normal limits in the upper and lower extremities. Diagnosis was musculoligamentous sprain and strain syndrome of the cervical region. The patient reported an injury on 07/10/2012. On 09/07/2014, he reported cervical spine pain with associated radiation into the bilateral upper extremities. He stated that

his medications were helping. Medications include Norco, Zolpidem, and Prilosec. A physical examination of the cervical spine showed tenderness and spasm were present. The treatment plan was documented. A neuromuscular TENS-EMS for the cervical spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator-TENS unit x 1 month trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181-183, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Electrical stimulators (E-stim) Functional restoration progra. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrotherapies Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. <http://www.guideline.gov/content.aspx?id=47589>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Interferential Current Stimulation (ICS) 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. Neuromuscular electrical stimulation (NMES devices) is not recommended. Electroceutical Therapy (bioelectric nerve block) is not recommended. Galvanic Stimulation is not recommended. Microcurrent electrical stimulation (MENS devices) is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) state that electrotherapies are not recommended. Medical records document a history of neck complaints. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) indicate that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) indicate that electrotherapies are not recommended. ACOEM Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of electrotherapy for neck conditions. Therefore, the request for Neurostimulator-TENS unit x 1 month trial is not medically necessary.

