

Case Number:	CM15-0011630		
Date Assigned:	01/29/2015	Date of Injury:	09/24/2010
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 56 year old female, who sustained an industrial injury on September 24, 2010. She has reported back pain. The diagnoses have included chronic pain syndrome, chronic pain due to trauma, myalgia and myositis. Treatment to date has included magnetic resonance imaging (MRI), pain management, and oral medications. Currently, the IW complains of back pain, neck pain shoulder and arm pain rated 6/10. Treatment includes pain management, self-physical therapy, psychological evaluation and oral medications. On December 22, 2014 utilization review non-certified a request for Interferential (IF)/Neuromuscular Electrical Stimulation (NMES) home stimulator unit rental for 1 month. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential (IF)/Neuromuscular Electrical Stimulation (NMES) Home Stimulator Unit rental for 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Interferential current stimulation is a type of electrical stimulation treatment for pain. The MTUS Guidelines do not recommend use as an isolated treatment. A one-month home-based trial of H-wave stimulation can be considered for those with diabetic neuropathy or chronic inflammation if it is being used along with an evidence-based functional restoration program. The appropriately selected workers are those who have failed conservative treatment that included physical therapy, pain medications, and TENS. Documentation during the one-month trial should include how often the home H-wave device was used, the pain relief achieved, and the functional improvements gained with its use. The MTUS Guidelines support the use of interferential treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. Neuromuscular electrical stimulation (NMES or EMS) stimulates muscles and mimics exercise in those with nerve injuries. The MTUS Guidelines are silent on this issue, and there is no good evidence in the literature showing benefit for the treatment of pain. The submitted and reviewed documentation indicated the worker was experiencing neck pain and stiffness, headaches, shoulder pain that went down the arm, and lower back pain that went into the legs. There was no indication this therapy would be provided along with an evidence-based functional restoration program or that the worker had failed conservative management. There was no discussion describing special circumstances that supported this request. In the absence of such evidence, the current request for a one-month rental of an interferential and neuromuscular electrical stimulation unit for home use is not medically necessary.