MAXIMUS Federal Services

Case Number:	CM15-0112306		
Date Assigned:	06/18/2015	Date of Injury:	04/03/2006
Decision Date:	07/20/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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: California, Indiana, New York
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 injured worker is a 42 year old male patient who sustained an industrial injury on 04/03/2006. A recent follow up primary visit dated 05/19/2015 reported subjective complaint of having intermittent pain in the cervical spine accompanied by stiffness; the pain is improving. There is palpable paravertebral muscle tenderness with spasm. Range of motion is found limited to pain. He is diagnosed with: cervicalgia status post anterior cervical decompression and fusion. Flexion and extension radiography found the cervical spine without implant failure; good position; good alignment and narrowing disc spaces at C4-5. He is to continue with home exercise program and medications. A follow up on 04/21/2015 reported subjective complaint of constant pain in the right elbow that is aggravated with lifting, gripping, grasping, pushing, pulling and lifting. The left hand wrist elbow pains have improved after surgery. Objective assessment of right elbow showed tenderness over the elbow about the olecranon groove, medial epicondyle. Tinel's sign is positive over the cubital tunnel. The range of motion is noted full but with pain. There is also tenderness noted over the volar aspect of the wrist along with a positive palmar compression test. The following diagnoses are applied: cubital tunnel syndrome, and carpal tunnel syndrome status post release. The patient is to remain off from work duty. The patient has undergone a course of physical therapy, bracing both without improvement. In addition, the patient's complaint of parasthesia's occurring at nighttime is increasing and he is interested in surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

One muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neuromuscular stimulator.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one muscle stimulator is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured workers working diagnosis is cervicalgia status post ACDF. The request authorization is dated May 27, 2015. It progress note dated May 19, 2015 subjectively states the engine worker has intermittent pain in the neck stiffness. Objectively, there is tenderness palpation. There is no instability. Neurologically sensation is intact. The treating provider requested a muscle stimulator. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no clinical indication in the medical record for a neuromuscular electrical stimulator. Consequently, absent guideline recommendations for a muscle stimulator, one muscle stimulator is not medically necessary.