

Case Number:	CM15-0118432		
Date Assigned:	06/22/2015	Date of Injury:	02/01/2013
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53 year old female injured worker suffered an industrial injury on 02/01/2013. The diagnoses included cervical sprain/strain and muscle spasms and disc herniations, and cervical radiculopathy. The diagnostics included computerized tomography lumbar myelogram and cervical magnetic resonance imaging. The injured worker had been treated with right arthroscopy, physical therapy, chiropractic therapy and acupuncture with limited improvement. On 5/14/2015 the treating provider reported neck pain with limited range of motion with severe muscle spasms rated 8 to 9/10 with moderate to severe headaches along with blurred vision. There was associated tingling, numbness and weakness in the right upper extremity. There was severe right shoulder pain that radiated up to the neck and right arm with weakness, numbness and tingling radiating to the right hand rated 8 to 9/10. On exam there was progressive weakness with grip of the hands. The cervical spine muscles had spasms with severe guarding. The treatment plan included trial of neurostimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of neurostimulator (TENS/EMS) for the cervical spine:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. It could be recommended as an option for acute post operative pain in the first 30 days after surgery. There is no documentation that a functional restoration program will parallel the use of Dual TENS/EMS. Therefore, the request of for one (1) month home based trial of neurostimulator (TENS/EMS) for the cervical spine is not medically necessary.