

Case Number:	CM15-0119620		
Date Assigned:	06/29/2015	Date of Injury:	09/25/2014
Decision Date:	09/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 24-year-old female who sustained an industrial injury on 9-25-14. She slipped on a wet floor at work, causing her to fall on her back. Initially, she complained of pain in her lumbar spine and headaches. She was referred to urgent care for medical evaluation. X-rays were completed and she was given an intramuscular pain injection and sent home on an over-the-counter medication. In the April 2, 2015 documentation, it states that the injured worker returned to urgent care in October 2014. She received another x-ray of her back and an intramuscular injection. She reported that the injection was not effective. A few days later, she experienced an increase in back pain and presented to the emergency department. Pain medication was prescribed. She presented to urgent care, again, sometime in October 2014 for continued complaints. Physical therapy to her cervical and lumbar spine, as well as both shoulders was initiated. She reported "modest relief." She reported that no MRI or EMG was performed. In April 2015, the injured worker complained of "frequent aching and occasional moderate pain" on both sides of her neck. She reported that the pain radiated down her neck to her shoulder blades on both sides, but indicated the pain was greater on the right side. She rated her pain "4 out of 10" and indicated that she had symptoms of "cracking" in her neck that was not painful. She also complained of "stiffness" in the neck, which was exacerbated when she "tilts" her head from side to side or up and down. She reported that pain increased with prolonged sitting or keeping her neck "in a fixed position". She also complained of headaches. She complained of "occasional dull to moderate" pain in both shoulders. She reported a "popping" sensation and rates her pain "5 out of 10". She reports exacerbation with repetitive

activity of arms and hands. Other complaints were of continuous pain in her lumbar spine, which radiated to her upper back. She rated that pain as "8 out of 10". Per her report, prolonged standing, walking and sitting, exacerbated it. X-rays were obtained of the cervical, thoracic, and lumbar spine, as well as both shoulders. She was diagnosed with cervical spine sprain, strain, thoracic spine sprain, strain, lumbar spine sprain, strain, and bilateral shoulder sprain. Treatment recommendations were for chiropractic therapy, medications, a TENS unit, and lumbar spine support. At that time, records indicate that there is "no indication for an EMG-NCV study." In May 2015, she continued to complain of "constant pain", rating cervical pain "3 out of 10", thoracic-lumbar pain "4 out of 10", and shoulders "2-3 out of 10". The physician report indicates that chiropractic therapy was "mildly helpful" and requested additional sessions. The treatment plan also indicated "TPI" to the cervical, thoracic, lumbar spines, and both shoulders, as well as an MRI. In June 2015, "TPI" was administered. Physical therapy and acupuncture was recommended.

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 Transcutaneous electrical nerve stimulation (TENS)-Electrical muscle stimulation (EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy Page(s): 114, 121.

Decision rationale: The claimant sustained a work-related injury in September 2014 and is being treated for pain throughout the spine, occipital headaches, and bilateral shoulder pain. The claimant has symptoms of dizziness. Treatments have included physical therapy and medications. When seen, there was spinal tenderness with decreased range of motion. There was lumbar and sacroiliac joint tenderness. There was shoulder tenderness with decreased range of motion and negative impingement testing. A trial of TENS-EMS was requested. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The requested trial using a combination TENS/EMS unit was not medically necessary.