

Case Number:	CM15-0121397		
Date Assigned:	07/02/2015	Date of Injury:	03/02/2015
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old male with an industrial injury dated 03/02/2015. His diagnoses included cervical spine sprain/strain, left shoulder sprain/strain, left elbow sprain/strain, low back pain, lumbar spine sprain/strain and rule out radiculitis - lower extremity. Prior treatment included acupuncture, shock wave therapy, intense neurostimulation and medications. He presents on 05/28/2015 with complaints of burning, radicular neck pain and muscle spasms. The pain is described as constant and rated as 8/10. The pain is associated with numbness and tingling of the bilateral upper extremities. He also complains of left shoulder pain rated as 8/10, left elbow pain rated as 6/10, wrist pain rated as 8/10 and left groin pain rated as 4-5/10. Cervical spine examination revealed decreased range of motion. Cervical distraction and cervical compression tests were positive. Range of motion of the left shoulder was decreased. Neer's impingement and Kennedy Hawkins sign was positive. Range of motion of the left elbow was decreased. Sensation to pinprick and light touch was slightly diminished over cervical 5,6,7,8 and thoracic 1 dermatomes in the left upper extremity. There was decreased range of motion of the lumbar spine with positive Tripod sign, positive Flip Test sign and positive Lasegue's differential sign. There was slightly decreased sensation to pinprick and light touch at lumbar 4-5 and sacral 1 dermatomes bilaterally. Treatment plan included medications, x-rays, continue shockwave therapy, and to continue course of localized intense neurostimulation therapy. The request is for localized intense neurostimulation, low back only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation, Low Back only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Integrated Treatment/Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic), Stimulators, electrical.

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

Decision rationale: The California MTUS section on neurostimulation states: 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. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord-injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005) The patient is not currently in a rehabilitation program post stroke. Criteria have not been met and the request is not medically necessary.