

Case Number:	CM15-0026517		
Date Assigned:	02/18/2015	Date of Injury:	04/11/1998
Decision Date:	04/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/11/2015

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, Michigan, 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 injured worker is a 55 year old female, who sustained an industrial injury on 4/11/1996. The current diagnoses are cervical, thoracic, and lumbosacral spine sprain /strain. Currently, the injured worker complains of frequent slight-to-severe mid-back pain, constant slight-to-severe low-back pain, and frequent minimal-to-moderate neck pain. The physical examination reveals mild paravertebral muscle spasms of the low back and neck, greater in the neck. There is painful and decreased range of motion in the cervical and lumbar spine. The treating physician is requesting electrical muscle stimulation, intersegmental traction, and evaluation management, which is now under review. On 2/10/2015, Utilization Review had non-certified a request for electrical muscle stimulation, intersegmental traction, and evaluation management. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical Muscle Stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical Stimulation (NMES Devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to MTUS guidelines, Neuromuscular electrical stimulation (NMES devices) “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”. There is no documentation that the patient developed a stroke. There is no documentation that a rehabilitation program will be used in combination with the neuromuscular electrical stimulation. The patient developed a chronic pain syndrome and the request for a neuromuscular electrostimulation isn't clear. Therefore the request for Electrical Muscle Stimulation is not medically necessary.

Intersegmental Traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: According to MTUS guidelines, regarding traction “There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living”. The patient developed a chronic neck and back pain and the need for a traction in this case is no clear. Therefore, the request for intersegmental Traction is not medically necessary.

Evaluation Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient needs an evaluation management as per MTUS criteria. There is no clear documentation that the patient had delayed recovery or a medical program and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of an evaluation management. Therefore, the request for an evaluation management is not medically necessary.