

<b>Case Number:</b>	CM15-0099265		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female, who sustained an industrial injury on December 8, 2009 while working in a gift shop. The injury occurred when a ceiling collapsed and struck the injured worker in the head and neck area. The diagnoses have included neck pain, right shoulder impingement syndrome, right shoulder rotator cuff tear, major depressive disorder, bilateral carpal tunnel syndrome, closed head injury, post-traumatic headaches, insomnia, gastroesophageal reflux disease secondary to pain medications, swallowing difficulty and right-sided facial asymmetry due to cervical spine surgery. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, gastrointestinal consultation, transcutaneous electrical nerve stimulation unit, physical therapy, right shoulder surgery and a cervical fusion. Current documentation dated May 1, 2015 notes that the injured workers overall symptoms remained the same. The injured worker reported difficulty swallowing on the right side. She also noted constant headaches and alternating constipation and diarrhea related to stress and depression. The injured worker also was noted to have right sided neck pain, right shoulder pain, stomach pain and insomnia. Examination of the cervical spine and right shoulder revealed tenderness and a decreased range of motion. The treating physician's plan of care included a request for a muscle stimulator trial times thirty days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Muscle stimulator trial for 30 days: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES) Page(s): 114-121.

**Decision rationale:** Based on the 5/4/15 progress report provided by the treating physician, this patient presents with headaches, neck pain radiating to occipital area, right shoulder/upper arm/face, right shoulder pain, stomach pain, depression and difficult sleeping. The treater has asked for MUSCLE STIMULATOR TRIAL FOR 30 DAYS on 5/4/15 since regular TENS unit did not help. The 5/4/15 report further states: "Muscle stimulator has interferential current i.e. stronger settings and in my opinion would be more appropriate so please authorize a trial of 30 days since the patient has failed trial of TENS unit." The request for authorization was not included in provided reports. The patient is s/p right shoulder surgery from 2010 but still has difficulty reaching at or above shoulder level per 5/4/15 report. The patient is s/p MRI cervical spine, cervical fusion at C4-7, ankle fracture from 1996. The patient has not had prior usage of a muscle stimulator unit per review of reports. The patient has not worked since February 2011 and is temporarily totally disabled. For Neuromuscular electrical stimulation (NMES), or EMS, MTUS p121 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." Review of the reports do not show any evidence of the patient having used a muscle stimulator unit in the past. The patient has failed a TENS unit, and the treater is requesting a muscle stimulator trial of 30 days. However, MTUS does not support EMS, or NMES for chronic pain condition. Review of records do not show the patient is part of a rehabilitation program following a stroke. Therefore, the request IS NOT medically necessary.