MAXIMUS Federal Services

Case Number:	CM13-0001419		
Date Assigned:	05/14/2014	Date of Injury:	03/27/2012
Decision Date:	06/10/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 31 year old male with date of injury 3/27/2012. The mechanism of injury is described as a fork lift accident. The patient has complained of neck pain and lower back pain with radiation to the left lower extremity since the date of injury. He has been treated with physical therapy and medications. MRI of the lumbar spine performed in 05/2013 revealed mild disc disease at L5-S1. Objective: tenderness to palpation at the left sciatic notch, tenderness of the lumbar spine paraspinous musculature bilaterally. Diagnoses include lumbar spine disc disease, and radiculopathy. Treatment plan and request is for a neuromuscular stimulator rental for 3 months, electrodes, conductive garment purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

A.R.T-D NEUROMUSCULAR STIMULATOR RENTAL FOR 3 MONTHS RENTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Stimulation.

Decision rationale: This 31 year old male has complained of chronic neck and lower back pain since date of injury on 3/27/2012. He has been treated with physical therapy and medications. The current request is for neuromuscular electrical stimulation (NMES) device purchase. According to the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation devices are not recommended. Studies have shown no benefit for the use of NMES in the treatment of chronic pain. In this case the patient presents with chronic and lower back pain since his 3/27/12 date of injury. The patient has been treated with physical therapy and medications. Based on the medical records and MTUS guideines the NMES device electrodes are not indicated as medically necessary for this patient. The request for A.R.T D Neuromusucular stimulation rental for three months is not medcially necessary and appropraite.

ELECTRODES EACH MONTH: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary treatment is not medically necessary, none of the associated services are medically necessary.

CONDUCTIVE GARMENT (PURCHASE): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.