

<b>Case Number:</b>	CM13-0008360		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/04/2005
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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 63 year-old male with a date of injury on 11/4/05. The UR determination is from 7/30/13 and recommends denial of [REDACTED] request for a purchase of a stim 4 unit. [REDACTED] is the requesting provider and has provided treatment reports from 4/1/13-10/16/13. Visit notes from 6/17/13 states that the patient's diagnoses include lumbar discopathy, internal derangement of bilateral knees, and electrodiagnostic evidence of bilateral knee peroneal neuropathy. Patient complains of persistent pain in the low back, which is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. During the physical exam, the lumbar spine reveals tenderness from mid to distal lumbar segments and pain with terminal motion. [REDACTED] report of 4/1/13 provides the basis for this request, which requests a "muscle stimulator for symptomatic relief, as he has had chronic symptoms for a prolonged period of time."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Stim 4 unit is not:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** MTUS guidelines, page 121, indicate that neuromuscular electrical stimulation is not recommended, since this type of device "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." The request for a four lead muscle stimulator is not consistent with MTUS guidelines, irrespective of whether the unit was requested as a trial or purchase. Recommendation is for denial.