

Case Number:	CM13-0009300		
Date Assigned:	11/08/2013	Date of Injury:	11/07/2012
Decision Date:	08/12/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/09/2013

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 Chiropractic 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 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:

According to the available medical records, this is a 38 year old male patient with chronic neck and back pain and a date of injury of 11/07/2012. Previous treatments include medications, home exercises, chiropractic, physiotherapy, and injections. Doctor's first report dated 05/29/2013 by the treating doctor revealed neck pain, pain and tingling throughout both upper extremities, upper back pain mid back pain, low back pain, pain and tingling throughout both lower extremities. Exam noted decreased ROM in cervical and lumbar, muscle guarding throughout the paracervical, parathoracic and paralumbar regions, positive cervical foraminal compression, positive Jackson compression, positive cervical distraction, positive Soto-Hall, positive Kemp's, Milgram's, Minor's and Lasague's. Diagnoses include cervical strain; rule out disc herniation, cervical radiculitis, thoracic strain, lumbar strain and lumbosacral radiculitis. The patient is temporary totally disabled from 05/29/2013 through 07/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROMUSCULAR STIMULATION UNIT, 3 MONTHS RENTAL AND SUPPLY OF ELECTRODES ALONG WITH CONDUCTIVE GARMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Chronic Pain>, page(s) <121> 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 Page(s): 121.

Decision rationale: Regarding Neuromuscular electrical stimulation, the MTUS Chronic Pain Guidelines indicates it is not recommended, "and there is no evidence to support its use in chronic pain." Based on the lack of support for this treatment modality in the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.