

Case Number:	CM13-0013598		
Date Assigned:	09/26/2013	Date of Injury:	01/24/2012
Decision Date:	01/23/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/16/2013

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 35 year old male who reported an injury on 01/24/2012. The mechanism of injury was not submitted. The patient complained of neck and back pain which he said could be 2-5/10. The patient also complained of muscle spasms to the low back. The patient has been diagnosed with degenerative disk disease of the cervical spine, HNP of the cervical spine with flattening of the cord, with degenerative disk disease of the lumbar spine with facet arthropathy and lumbar arthropathy with HNP L4-5 right and L5-S1 left. The patient has had ACDF at C6-7 in 2004. The patient was recommended to continue his home exercise program, pain medication and muscle relaxants. The patient was also recommended an ART Three stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

ART three (3) stimulator unit for cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 113-117.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend a neuromuscular electronic stimulator for chronic pain. The guidelines state 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. The clinical documentation submitted for review stated that the patient was recommended the ART stimulator to control his pain level. As such, the submitted request is non-certified.