MAXIMUS Federal Services

Case Number:	CM13-0014253		
Date Assigned:	10/03/2013	Date of Injury:	09/01/1998
Decision Date:	01/16/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/20/2013

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 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 57 year old male with a date of injury of September 1, 1998. The patient is status post (s/p) T11 Chance fracture, s/p T11-S1 revision instrumental fusion with L2/3 anterior column realignment. A CT scan in October of 2012 showed no significant stenosis with some haloing effect around T11 screw. Otherwise, there was no evidence of instrumentation failure. An examination on October 21, 2012 showed stable lumbar exam with tenderness in flexion and extension. The patient was advised to start on Lyrica or Neurontin for his leg pain. The patient continues to go through detox and being weaned of his narcotics. The request is for a HAKO Horizontal device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizontal Therapy, with a neuromuscular stimulated HAKO device: 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 Section Page(s): 121.

Decision rationale: The HAKO device is a form of a neuromuscular electrical stimulation (NMES) device. According to the Chronic Pain Medical Treatment Guidelines, "NEMS 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 benefits from NMES for chronic pain." The patient is a chronic pain patient s/p lumbar fusion who is currently going through a detox program. NMES devices are not supported in the treatment of chronic pain. Therefore, the requested treatment is not medically necessary and appropriate.