

Case Number:	CM13-0015985		
Date Assigned:	10/11/2013	Date of Injury:	02/01/2011
Decision Date:	02/04/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/23/2013

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 Internal Medicine, Pulmonary Diseases 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 55-year-old female who reported a work-related injury on 02/01/2011, specific mechanism of injury not stated. The patient presented for treatment of the following diagnoses: lumbar spine sprain/strain and bilateral lower extremity radiculopathy. The clinical note dated 06/13/2013 reported that the patient presented with constant pain to the lumbar spine; the patient presented for treatment of the following diagnoses: lumbar spine sprain/strain and lower extremity radiculopathy. The provider documented that upon physical exam of the patient, tenderness in the paraspinals was noted. The patient had a positive straight leg raise and pain upon extension of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Electrodes per pair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested interventions at this point in the patient's

treatment. The clinical notes document that the patient continued to present with chronic lumbar spine pain complaints status post a work-related injury sustained in 02/2011. Review of the clinical documents indicated that in a clinical note dated 12/05/2012, it was documented that the provider, [REDACTED], reviewed a clinical note dated 07/26/2013, which reported, "She also reported that her home exercises and use of an EMS unit provided only temporary relief." Given the lack of documentation submitted for review evidencing positive efficacy for the patient's pain complaints with the utilization of stimulation, the current request is not supported. In addition, the California MTUS indicates that neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. Given all of the above, the request for 12 electrodes per pair is neither medically necessary nor appropriate.

1 Conductive Gel or Paste: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence support for the requested interventions at this point in the patient's treatment. The clinical notes document that the patient continued to present with chronic lumbar spine pain complaints status post a work-related injury sustained in 02/2011. In addition, the California MTUS indicates that neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. Given all of the above, the request for 1 conductive gel or paste is neither medically necessary nor appropriate. The clinical note dated 06/13/2013 reported that the patient presented with constant pain to the lumbar spine; the patient presented for treatment of the following diagnoses: lumbar spine sprain/strain and lower extremity radiculopathy. The provider documented that upon physical exam of the patient, tenderness in the paraspinals was noted. The patient had a positive straight leg raise and pain upon extension of the lumbar spine. Per the clinical documentation of 07/26/2103 by [REDACTED], the patient reported that she had relief with home exercises and the use of the EMS unit. Given the lack of documentation submitted for review evidencing positive efficacy for the patient's pain complaints with the utilization of stimulation, the current request is not supported.