

<b>Case Number:</b>	CM13-0017431		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year old patient with injury from 9/30/12, suffers from chronic low back pain and hip pain. The requests for electrical muscle stimulator and urine drug screens were denied per 8/15/13 UR report. [REDACTED] report from 6/11/13 is an initial evaluation report. Listed diagnoses were cervical sprain resolved, head/facial pain resolved; lumbar musculoligamentous sprain/strian with right SI joint sprain. Pain management consult was request, also given Norco, Fexmid and Voltaren. A 7/30/13 report by [REDACTED] revealed pain management related lumbar pain at 6/10. Assessment of lumbar disc disease showed residual lumbar radiculopathy and right SI joint arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electronic muscle stimulator:** 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 Neuromuscular Stimulation Page(s): 121.

**Decision rationale:** MTUS does not recommend use of electrical muscle stimulators as quoted above. These units are primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. This patient suffers from chronic low

back and hip pain with a given diagnosis of lumbar musculoligamentous sprain/strain with SI joint sprain. The request for a electronic muscle stimulator is not medically necessary and appropriate.

**Urine drug test:** Overturned

**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 Opioids Page(s): 43.

**Decision rationale:** [REDACTED] dispensed Norco 2.5/325 tablets which is an opiate for which urine drug screens are recommended. [REDACTED] states that the patient was not on any medications but [REDACTED] dispensed Norco's in his initial visitation. The request for a urine drug test is medically necessary and appropriate.