

Case Number:	CM13-0021840		
Date Assigned:	11/13/2013	Date of Injury:	07/19/2012
Decision Date:	01/07/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 underlying date of injury in this case is 07/19/2012. The primary treating diagnosis is lumbar sprain/strain. The initial mechanism of injury is a motor vehicle accident. The patient has subsequently reported ongoing low back pain and neck pain. An initial physician review noted that an electronic muscle stimulator had been requested to build, tone, and to strengthen muscles. That physician review noted that more specific information was needed as to the specific type of home muscle stimulation unit proposed, and therefore this request was noncertified due to lack of specific information. A treating physician note of 07/30/2013 describes an electrical muscle stimulator by stating, "The muscle will respond to the impulse by contracting and relaxing rhythmically as instructed by you through the unit...When a muscle contracts, the chemical changes taking place within the muscles are similar to those associated with voluntary contractions."

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Electrical Muscle Stimulation Unit: 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 Electrical Stimulation Page(s): 121.

Decision rationale: Based on the description of the requested device by the treating provider, it appears that this request is for a neuromuscular electrical stimulation unit. The MTUS Chronic Pain Guidelines on Neuromuscular Electrical Stimulation, page 121, states, "Not recommended. 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." Therefore, the indication/rationale and proposed mechanism of action in the medical record is not supported by the treatment guidelines. An alternate peer-reviewed reference has not been provided to support the indication or efficacy of this requested treatment. The request for Home Electrical Muscle Stimulation Unit is not medically necessary and appropriate.