

Case Number:	CM13-0023929		
Date Assigned:	11/15/2013	Date of Injury:	09/04/2012
Decision Date:	01/16/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/13/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 was a 61-year-old female who sustained an injury to her back when she slipped on a wet floor, landing on her buttocks and back. The date of injury was September 4, 2012. The patient was diagnosed with chronic back pain, which was multifactorial in etiology. MRI of the L/S spine performed on December 20, 2012 showed disc protrusions at L2/3 and L1/2 with multilevel facet arthropathy. The patient's treatment included physical therapy, chiropractic therapy, medications, and home exercise. A claim for an Electrical Muscle Stimulator was submitted on August 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS unit, 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS), chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, facet joint diagnostic blocks (injections) section.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend neuromuscular electrical stimulations devices (NMES) devices. NMES devices have been used primarily for rehabilitation following an acute stroke and there is no evidence to support its use in chronic pain. IN this case there is no indication for the use of the EMS device.