

Case Number:	CM13-0024800		
Date Assigned:	11/20/2013	Date of Injury:	06/05/2008
Decision Date:	01/06/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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, 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:

77 y.o male with injury from 6/5/08 suffers from chronic left foot pain. Utilization review letter from 9/5/13 has denied the electrical muscle stimulator unit stating that the guidelines do not support this unit for chronic pain. For medical reports, there is a non-legible report dated 7/18/13 appears to be from [REDACTED]. Another hand-written report from 5/20/13 by [REDACTED]. Patient has LBP with radiation, left ankle on/off flare-ups. Diagnoses include left ankle chronic sprain, L/S radiculopathy. Discussion was for surgery of lumbar spine. Other parts are not legible. Continued home care was recommended. On 5/24/13, [REDACTED] issued a request report for pain management consult and ESI. He described MRI findings as multi-level degeneration disc disease. On 2/23/13, [REDACTED] issued a first report with diagnoses including left foot and ankle pain, back pain, anxiety, stress and depression, HTN, DM due to chronic pain, weight gain due to lack of mobility. Multiple things were requested but no discussion of neuromuscular stimulation unit. [REDACTED] saw the patient for pain consult on 8/14/13. There is a request for transforaminal ESI as well as electronic muscle stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical muscle stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES.

Decision rationale: This patient suffers from chronic low back and ankle pains for which the pain management specialist has asked for a muscle stimulator unit. However, MTUS does not recommend use of these units for management of chronic pain. The treater does not provide any compelling reason to go against MTUS recommendations.