

Case Number:	CM13-0030267		
Date Assigned:	11/27/2013	Date of Injury:	04/26/2013
Decision Date:	09/05/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 26, 2013. Thus far, the patient has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated September 17, 2013, the claims administrator modified a request for a 30-day rental of a neuromuscular stimulator as a 30-day rental of a conventional TENS unit. The patient's attorney subsequently appealed. On May 6, 2013, the patient was described as having persistent complaints of low back pain without radicular symptoms. The patient was given a prescription for Voltaren. Tobacco cessation was suggested. A manipulative therapy was performed. The patient was given a rather permissive 25-pound lifting limitation. On June 25, 2013, authorization for a lumbar MRI was sought on the grounds that the patient was not improving. Authorization for a neuromuscular stimulator was apparently subsequently submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY RENTAL OF A NEUROMUSCULAR STIMULATOR FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 114.

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

Decision rationale: As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation or NMES is not recommended in the chronic pain context present here. Rather, NMES is reserved for the poststroke rehabilitative context, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines further notes. No compelling applicant-specific rationale or medical evidence was furnished so as to support provision of a modality which carries an unfavorable recommendation within the MTUS. Therefore, the request is not medically necessary.