

Case Number:	CM13-0030962		
Date Assigned:	12/04/2013	Date of Injury:	07/05/2000
Decision Date:	01/13/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/01/2013

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 Pain Management 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:

This is a female patient with a date of injury of July 5, 2000. A utilization review determination dated September 12, 2013 recommends, non-certification for, "stim-4 stimulator." A progress report dated August 20, 2013 identifies subjective complaints stating, "the patient is seen postoperatively secondary removal of implant. She does report improvement of overall symptomatology. She has some right-sided residual lower extremity paresthesias." Physical examination identifies "examination of the lumbar spine revealed a well healed incision. There is no sign of infection. There is no wound dehiscence. Radiculopathy is not noted. Seated nerve root test is negative. There are some paresthesias in the right L5 root. There is some tenderness in the right greater trochanteric region." Diagnoses include, "status Post removal of lumbar spine hardware. Status post L4 to S1 posterior lumbar interbody fusion. Peroneal nerve entrapment. Incidental finding of the left peroneal nerve above the knee." Treatment plan includes injection of Depo-Medrol, urine specimen to monitor medication use, and, "the patient should be provided with stim-4 stimulator for postoperative healing and pain relief."

IMR ISSUES, DECISIONS AND RATIONALES

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

Stim-4 stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118, 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for Stim-4 stimulator, a search of the Internet indicates that the Stim-4 stimulator is a neuromuscular stimulation device. Chronic Pain Medical Treatment Guidelines state that neuromuscular stimulation devices are not recommended. They go on to state that neuromuscular electrical stimulation devices are used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, there is no indication that this patient has suffered from a stroke and is using the neuromuscular stimulation unit for neuro rehabilitative purposes. The request for the Stim-4 stimulator is not medically necessary and appropriate.