MAXIMUS Federal Services

| Case Number: | CM13-0034371 | | |
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| Date Assigned: | 12/06/2013 | Date of Injury: | 08/12/2010 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 09/24/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

## 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Maryland, California, and Texas. 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 is a 51-year-old female who reported an injury on 08/12/2010. The patient was noted to have undergone an MRI of the cervical spine on 05/03/2013 which noted multilevel disc degenerative disease, most pronounced at C5-6 and C6-7, which caused a reversal of the normal lordotic curve, but no significant canal stenosis was appreciated. There was uncovertebral joint arthrosis which caused moderately severe neural foraminal narrowing, left worse than right at C6-7. A CT of the lumbar spine, performed on 06/05/2013, noted a right-sided pedicular fracture at L2-3 that appeared to be healing and some lucency around the right L3 pedicle screw in that location, a solid fusion at L3-4 and L4-5 anteriorly and posteriorly; and at L5-S1, the fusion was not solid. Posteriorly, it was immature, and the facets remained visible. Anteriorly, the fusion opposed the endplates, but a solid area of bridging bone was not quite identified. There was a small amount of graft material in the right lateral recess at the L5-S1 disc space. The patient was seen by [redacted] on 06/06/2013 and was reported to complain of isolated pain and sometimes a burning at the low back, possibly the sacrum; tightness of muscles in the right lower side of the lumbar spine; and burning pain in the left side of the neck at times with numbness radiating to the left fingers. The MRI of the cervical spine and the CT of the lumbar spine were reviewed, and a bone growth stimulator was recommended due to the fact that the fusion mass was tenuous at the L5-S1 for being 2 years out. Chiropractic treatment was recommended for the patient's neck complaints. On 07/25/2013, the patient was reported to have just started chiropractic treatment. She continued to complain of low and midback tightness and numbness and burning pain on the left side of the neck at times with pain in the upper arms and shoulders. On 09/09/2013, the patient was noted to have been undergoing chiropractic treatments that were very

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Marc Pro Machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electricl stimulation (NMES devices) Page(s): 120. Decision based on Non-MTUS Citation Offical Disability Guidelines (ODG) Electrical Neck and Upper Back (Acute &Chronic), muscle stimulation (EMS).

**Decision rationale:** The patient is a 51-year-old female who reported an injury on 08/12/2010. She was noted to have undergone a previous lumbar fusion in 2011 and was noted to continue to have a tenuous fusion mass at L5-S1. She was reported to complain of burning pain along the left side of the neck at times with radiation of pain to the left arm into the fingers. She was noted to have been referred for chiropractic treatment for the treatment of left neck pain. She reported improvement in her pain after chiropractic treatment, especially with a Marc Pro unit, which she reported decreased her left arm triceps weakness and pain. A request was submitted for the purchase of a Marc Pro. The California MTUS Guidelines state that neuromuscular stimulators are not recommended, noting that neuromuscular stimulators are used primarily as part of a rehabilitation program following a stroke, and there is no evidence to support their use in chronic pain. The Official Disability Guidelines do not recommend the use of electrical stimulation for the treatment of neck pain. As such, the requested Marc Pro stimulator does not meet guideline recommendations. Based on the above, the request for a Marc Pro machine is non-certified.