

<b>Case Number:</b>	CM13-0034586		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/11/2004
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	09/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine, and is licensed to practice in California, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot, low back, neck, mid-back, and great toe pain associated with an industrial injury that took place on May 11, 2004. Thus far, the applicant has been treated with analgesic medication, transfer of care to and from various providers in various specialties, and extensive periods of time off of work. A handwritten note from April 26, 2012 notes that the applicant has foot and toe pain, with ancillary diagnoses of insomnia and blurred vision. The applicant is placed off of work, on total temporary disability. A note dated November 12, 2013 notes that the applicant is reporting neck pain, low back pain, and foot and ankle pain. The applicant has derivative anxiety, depression, sleep disturbance, sexual dysfunction. Motrin, Prilosec, and total temporary disability are endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a neuromuscular stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation is recommended only in the post-stroke rehabilitative context. It is not recommended in the treatment of this applicant's chronic, neck, low back, mid-back, and foot pain. Therefore, the original utilization review decision is upheld. The request remains non-certified.