

Case Number:	CM13-0053068		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2008
Decision Date:	03/24/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice 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:

The patient was injured while lifting a large steel rod weighing approximately 400 to 500 pounds. In doing so, the patient bent forward and felt an immediate hot sensation in his lower back. Within 10 minutes, the patient started to lose sensation and feelings in his legs and was seen in [REDACTED] where he had x-rays taken and was administered an injection for pain. The patient reportedly underwent lumbar spine fusion in 2000 and had six (6) tumor removals performed in 2010. At the time of that examination, the patient was taking Norco and antidepressant medications for his condition. Under the discussion, it was noted that the patient had failed conservative treatments to include physical therapy, chiropractic manipulative therapy, medication, rest, and a home exercise program. The patient was seen on August 13, 2013 for chief complaints of cervical spine pain, which he rated as a 6 to 8 on pain scale described as throbbing pressure with slight pinching radiating into the right arm with numbness and tingling sensation. The patient also complained of lumbar spine pain that he rated at 7/10 and described as a dull pressure ache radiating to the buttocks/legs with numbness and tingling sensation to the feet. The physician, [REDACTED], recommended an electrical muscle stimulation (EMS) unit for a 30-day trial for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-day rental for trial of Electrical Muscle Stimulation (EMS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to California MTUS Guidelines, a neuromuscular electrical stimulation device is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Not to be confused with a transcutaneous electrical nerve stimulation (TENS) unit, which is intended to alter the perception of pain, an NMES device attempt to stimulate motor nerves and ultimately causes contraction and relaxation in muscles. Although this patient has had ongoing complaints of lumbar and cervical pain, because the neuromuscular electrical stimulation device is not recommended under the California MTUS Guidelines, the requested service cannot be warranted at this time. As such, the requested service is non-certified.