

<b>Case Number:</b>	CM13-0053157		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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:

This is a 55-year-old female with a 2/3/12 date of injury, when she sustained injures to her back while moving patients. The progress note dated 10/3/13 stated that the patient underwent a trial of a TENS unit and that the patient felt that a neuromuscular electrical stimulation unit would be better for her. The patient was seen on 11/12/13 with complaints of constant 5/10 lower back pain associated with numbness, spasms and tingling in the right lateral leg. Exam findings revealed tenderness to palpation in the gluteus medius and maximus bilaterally with trigger points and decreased sensation to light touch thought the right upper leg and lateral lower leg. The lumbar spine range of motion was decreased and the strength was 4/5 in the hips and knees bilaterally. The patient has been noted to be on Gralise Er 600mg. The diagnosis is low back strain. Treatment to date: work restrictions, chiropractic treatment, TENS unit, 26 sessions of acupuncture, PT and medications. An adverse determination was received on 10/21/13 given that the patient tried a TENS unit in the past and that a NMES was not supported; that the patient underwent 26 sessions of acupuncture and was not utilizing a current physical rehabilitation program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 30-day Electrical Stimulation Unit trial for the Lumbar Spine:** 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 NMES Page(s): 114-118.

**Decision rationale:** Regarding neuromuscular stimulation, CA MTUS states that neuromuscular electrical stimulation (NMES devices) is under study. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. However there is a lack of documentation indicating that the patient had a stroke. In addition, the progress notes stated that the patient tried a TENS unit with benefits and that the patient felt that a NMES unit would be more beneficial. Lastly, it is not clear if the patient was attending a supervised physical therapy sessions and there is no rationale from a requesting physician indicating the necessity for a NMES unit for the patient. Therefore, the request for a 30-day Electrical Stimulation Unit trial for the Lumbar Spine are not medically necessary.

**12 visits of Acupuncture for the Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Practice Guidelines, page 114, Clinical Topics: Pain, Suffering, and the Restoration of Function Chapter

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However the reviewer's notes indicated that the patient underwent 26 session of acupuncture and she still suffered from pain in the lumbar spine area. In addition, there is a lack of documentation indicating objective functional gains from prior treatment and there is no rationale indicating necessity for an extended acupuncture treatment for the patient. Therefore, the request for 12 visits of Acupuncture for the Lumbar Spine are not medically necessary.