

Case Number:	CM13-0054110		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2011
Decision Date:	06/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50-year-old female with a date of injury of 03/03/2011. Provided for review in the medical file is one report by [REDACTED]. Report 01/17/2014 by [REDACTED] states the patient presents with lumbar spine and bilateral wrist pain and makes an appeal for a 30-day trial of an electronic muscle stimulator. This appeal letter discusses an examination from 10/17/2013 which revealed bilateral paravertebral muscle lumbosacral junction tenderness. Range of motion was limited in all planes. Examination of the wrist showed tenderness over right side greater than left flexor and extensor tendons associated with paresthesia along the right median nerve distribution. Sensation was decreased with Tinel's sign over the right side greater than left L5 dermatome. [REDACTED] argues that the patient requires an electrical muscle stimulator unit to decrease pain and spasm, increased range of motion, and decreased medication use. [REDACTED] goes on to state that providing the patient with the means to help her control her symptoms in order to improve her performance of daily living and facilitate her return to work on full-duty capacity should be prioritized.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRONIC MUSCLE STIMULATOR UNIT, 30 DAY TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Devices Page(s): 121.

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

Decision rationale: The MTUS guidelines states neuromuscular electrical stimulation devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The NMES is intended for patients following a stroke. In this case, this patient suffers from chronic back pain and there is no indication of a prior stroke. Recommendation is for denial.