MAXIMUS Federal Services

Case Number:	CM13-0056643		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2011
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 female patient with a date of injury of January 4, 2011. A progress note dated May 9, 2013 includes subjective complaints of continued lower back pain with radiation to the lower extremities. There was no physical examination performed during this visit. Diagnoses include spondylolisthesis at L5-S1 and lumbar disc herniation with radiculitis/radiculopathy. The treatment plan recommends a disco graphic study at L3-4 as a control with L4-5 and L5-S1 as test levels, surgical clearance and psychological evaluation for surgical clearance, continuation of Zanaflex, Prilosec, Anaprox, tramadol, Ambien, and Norco, and a request for the report of the neurodiagnostic study of lower extremities. The request for the dual electric nerve and muscle stimulator with supplies was placed on a request form dated May 6, 2013. An x-ray of the lumbar spine dated May 21, 2013 identifies grade 1 spondylolisthesis of L5 on S1 measuring approximately 4 mm without instability, minimal discogenic spondylosis from L2-3 through L5-S1, and mild right convexity of the lumbar spine with an apex at L1. An MRI of the lumbar spine dated May 6, 2013 identifies straightening of the lumbar spine, disk desiccation at all for five and L5-S1, Modic type II endplate degenerative change at L5-S1, L4-5 broad based disc extrusion with inferior migration effacing the theca sac, L5-S1 diffuse disc protrusion with annular tear without effacing of the theca sac, Grade 1 spondylolisthesis of L5 over S1, and fractures of pars interarticularis at L5 vertebra bilaterally. An EMG/NCS of bilateral lower extremities done May 3, 2013 identified denervation of the lumbar paraspinous musculature primarily involving L5-S1 and L4-5, L5-S1 acute and chronic radiculopathy greater on right, chronic lumbosacral radiculopathy involving L4-5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

A DUAL ELECTRICAL NERVE & MUSCLE STIMULATOR WITH SUPPLIES:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20 - 9792.26 , 114-121 of 127

Decision rationale: Regarding the request for a dual electric nerve and muscle stimulator with supplies, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Regarding the electronic muscle stimulator, Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. Finally, it appears that the currently requested device contains a muscle stimulation component which is not supported by guidelines for any of this patient's diagnosis. In the absence of clarity regarding those issues, the currently requested dual electric nerve and muscle stimulator with supplies is not medically necessary.