

Case Number:	CM13-0058139		
Date Assigned:	07/09/2014	Date of Injury:	04/11/2012
Decision Date:	11/13/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family 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:

The patient is a 29 year-old man who was injured at work on 4/11/2012. The injury was primarily to his back. He is requesting review of denial for the purchase of an Interspec IF II: Monthly Supplies. Medical records corroborate ongoing care for his injuries. These include the Primary and Secondary Treating Physician's Progress Reports. His chronic diagnoses include: Lumbar Radiculopathy; and Lumbar Sprain/Strain. Treatment has included: Opioids, Muscle Relaxants, NSAIDs and Sleeping Pills. He was seen by an orthopedic surgeon who recommended conservative management. He has also tried acupuncture and was advised by his treating physician to use an INF unit for home use to control pain in his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interspec IF II: Monthly Supplies - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Acute and Chronic, Neuromuscular Electric Stimulator

Decision rationale: The Official Disability Guidelines (ODG) comment on the use of neuromuscular electric stimulators for the treatment of acute and chronic low back complaints. The Interspec IF II is one example of this type of device. The ODG states that this type of device is not recommended except for specific criteria below. Neuromuscular electrical stimulators (NMES) are small electronic devices that are affixed externally by the patient to the skin by the way of electrodes. There are two types of NMES. One type of device stimulates muscle to maintain muscle tone during temporary extremity immobilization. The other type of NMES is used to enhance the ability to walk in spinal cord injured (SCI) patients by emitting electrical impulses to stimulate paralyzed or weak muscles in a specific order. NMES differ from transcutaneous electrical nerve stimulation (TENS) units, which are used for pain management therapy. Criteria for the use of neuromuscular electrical stimulators: Spinal cord injured (SCI) patients that meet ALL of the following criteria: Intact lower motor units (L1 and below) (both muscle and peripheral nerve); AND Muscle and joint stability for weight bearing at upper and lower extremities that can demonstrate balance and control to maintain an upright support posture independently; AND Able to demonstrate brisk muscle contraction to NMES and have sensory perception of electrical stimulation sufficient for muscle contraction; AND Possess high motivation, commitment and cognitive ability to use such devices for walking; AND Have demonstrated a willingness to use the device long-term; AND Ability to transfer independently and can demonstrate independent standing tolerance for at least three minutes; AND Ability to demonstrate hand and finger function to manipulate controls; AND Having at least six-month post recovery spinal cord injury and restorative surgery; AND No hip and knee degenerative disease and no history of long bone fracture secondary to osteoporosis. Given the comments from the ODG and the criteria for use, the patient in this case does not meet the requirements for the Interspec IF II. This device is not medically necessary.