

<b>Case Number:</b>	CM13-0059412		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and is licensed to practice in Illinois. 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 56-year-old female who reported an injury on 08/28/2012. The mechanism of injury involved a motor vehicle accident. The patient is currently diagnosed with cervical disc disease and cervical radiculopathy. The patient was seen by [REDACTED] on 10/22/2013. The patient reported 8/10 cervical pain. Physical examination revealed moderate tenderness to palpation with spasm, positive axial head compression testing, positive Spurling's maneuver, diminished range of motion, and decreased sensation in the C5 and C6 dermatomes bilaterally. Treatment recommendations included an electronic muscle stimulator unit.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

**Decision rationale:** The California MTUS Guidelines state that neuromuscular electrical stimulation is not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in

chronic pain. There is no documentation of a recent failure to respond to more traditional conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the requested 30 day trial of an electronic muscle stimulator unit is not medically necessary or appropriate.