

<b>Case Number:</b>	CM13-0061597		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 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 36 year old male who was injured on 07/24/2013, while using a ladder to get material to the second level of the house, when he fell 15 feet onto a concrete slab. No prior treatment history was submitted for review. There are no diagnostic studies for review. According to the Utilization Review notes dated 10/30/2013, the patient complained of neck pain, pain in the right shoulder, right elbow, upper back, mid back, and low back pain with tingling throughout lower extremities. It noted the patient had positive orthopedic tests including Jackson's, foraminal compression, cervical distraction, Soto-Hall, Kemp's, Migram's and Minor's tests and muscular guarding. The patient has a diagnosis of cervical strain, rule out disc injury; thoracic strain, lumbar strain, lumbar radiculitis, impingement syndrome of the right shoulder and strain of the right elbow. However; there was no documentation of conservative treatment. The lumbar support ART meds 3 neurostimulator was requested for pain control. A prior utilization review dated 11/13/2013 states the request for lumbar support ART meds 3 neurostimulator 90 day rental is denied as it is not recommended by guidelines for prevention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR SUPPORT ART MEDS 3 NEUROSTIMULATOR 90 DAY RENTAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION Page(s): 121.

**Decision rationale:** According to guidelines, neuromuscular electrical stimulation is not recommended for chronic pain, and lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The medical necessity of this request has not been established.