

Case Number:	CM13-0063281		
Date Assigned:	12/30/2013	Date of Injury:	04/08/1994
Decision Date:	05/08/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Neuromuscular Medicinal and is licensed to practice in Maryland. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is 60 year old female who had a work injury dated 4/8/94. The chief complaints are: 1. Lower back pain. 2. Pain in tailbone. 3. Feet pain. 4. Bilateral leg pain. 5. Difficulty walking. 6. Numbness In the thigh, right. 7. Increased difficulty walking. 8. Numbness in the right foot. The diagnoses include 1. Lumbosacral radiculitis 2. Limb pain 3. Hepatitis 4. Coccydynia. There is a request for durable medical equipment a neuromuscular electrical stimulation unit. There is a 1/15/14 office visit with patient's physician that states that the patient is complaining of low back, hip, legs knee's ankles feet. The location is the lower back. The severity is moderate to severe as well as described as aching, cramping, dull, numb, sharp, shooting, spasms, throbbing, tingling, Aggravated by: lifting, position change, physical activity, prolonged sitting, prolonged standing, OTC medications, TENS. The associated symptoms are numbness and weakness and poor sleep. The patient states that she is still awaiting approval of the new TENS unit and states there are no changes since the last visit. The physical exam revealed that there is sacroiliac tenderness. There are lumbar spine spasms, trigger points, paraspinal tenderness, facet Joint tenderness and decrease range of motion in all quadrants. The neurologic exam: 5/5 motor strength bilaterally throughout. The right and left leg revealed decreased sensation to pin prick and temperature. There is normal range of motion for the cervical spine. An 11/14/13 document reveals that the patient reveals the reports that the TENS unit is not helping anymore and the patient requests a Continuum unit. The treatment plan includes a benefit from NMES needs a prescription for a Continuum unit. The physical examination for chronic pain. Revealed sacroiliac (S1) tenderness in the lumbar spine and spasm with trigger points and paraspinal tenderness. Facet joints are tender and there is decreased

range of motion in all quadrants. Scientific evidence there is decreased sensation to the right lower extremity. Strength related to was 5/5. It is recommended for the patient to receive an electromyography neuromuscular electrical stimulation unit given TENS offered no pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT REQUEST FOR A NEUROMUSCULAR ELECTRICAL STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices).

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

Decision rationale: (DME) Durable medical equipment neuromuscular electrical stimulation unit is not medically necessary per the MTUS guidelines. The MTUS guidelines state that neuromuscular electrical stimulation (NMES devices) is not recommended for chronic pain. The NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation submitted does not reveal patient has had a stroke or is receiving post stroke rehabilitation. The request for durable medical equipment neuromuscular electrical stimulation unit is not medically necessary.