

Case Number:	CM13-0068269		
Date Assigned:	02/05/2014	Date of Injury:	09/29/2013
Decision Date:	10/08/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 23 year old female with complaints of low back pain and left leg pain. The date of injury is 9/29/13 and the mechanism of injury is lifting injury while lifting dishes. At the time of request for neuromuscular stimulator with supplies; electrodes and garment (3 month supply), there is subjective (low back pain, left leg pain) and objective (anterior flexion lumbar restricted and painful, positive straight leg raise left) findings, imaging findings (12/21/13 MRI lumbar spine shows L4-5 disc protrusion posteriorly causing pressure on the thecal sac, annular fissure/tear L5-S1), diagnoses (lumbar radiculopathy, L4/5 disc protrusion, L5/S1 annular tear discopathy), and treatment to date (medications, epidural steroids, chiropractic manipulation, physical therapy). Transcutaneous electrical stimulation and neuromuscular stimulation is not recommended as an isolated intervention however may be considered for a one month trial when used as an adjunct to an evidence based conservative care plan. The objectives should be clearly stated which should include functional restoration and decreasing need for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular stimulator with supplies; electrodes and garment (3 month rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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-Lumbar & Thoracic (Acute & Chronic), TENS (transcutaneous electrical stimulation)

Decision rationale: Per ODG treatment decisions, transcutaneous electrical stimulation and neuromuscular stimulation is not recommended as an isolated intervention however may be considered for a one month trial when used as an adjunct to an evidence based conservative care plan. The objectives should be clearly stated which should include functional restoration and decreasing need for medications. Unfortunately, as stated the request for 3 month rental is not medically necessary.