MAXIMUS Federal Services

Case Number:	CM13-0071728		
Date Assigned:	01/08/2014	Date of Injury:	05/23/2012
Decision Date:	06/16/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 injured worker is a 46-year-old who reported an injury on May 23, 2012. The mechanism of injury was not provided. The injured worker underwent an L4-5 lateral/posterior decompression and spinal fusion instrumentation. The diagnosis was lumbosacral neuritis unspecified. The documentation of 09/09/2013 revealed a Letter of Medical Necessity. It was indicated there was a need for a low back conductive garment due to the large area needing to be stimulated.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] PLUS STIMULATOR PURCHASE WITH SUPPLIES/ELECTRODES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulator Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES (neuromuscular electrical stimulation) Section, Interferential Current Stimulator Section P.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated

intervention and should be used with recommended treatments including work, and exercise. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant not adhering to guideline recommendations. There was a lack of documentation of objective functional benefit received from the [redacted] plus stimulator. The request for [redacted] Plus Stimulator with supplies/electrodes purchase is not medically necessary or appropriate.

[redacted] **LOW BACK CONDUCTIVE GARMENT:** Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.