

Case Number:	CM14-0000387		
Date Assigned:	01/17/2014	Date of Injury:	04/23/2007
Decision Date:	04/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 has submitted a claim for low back pain with an industrial injury date of April 23, 2007. Treatment to date has included medications, physical therapy, lumbar epidural steroid injection, acupuncture, electrical stimulation, and back surgery with L4-5 fusion. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of severe low back pain with sciatica to the left. The pain was described as aching, numbing, shooting, stabbing, throbbing, gnawing, nagging, penetrating, exhausting, and miserable, with a pain score of 10/10. The pain was made worse by lying flat, movement, sitting and standing for a long time. She also reported shooting pain to both legs, left worse than the right. She also had paresthesia symptoms with burning pain and pins and needles, associated with weakness sensation with the left leg. On physical examination, lumbar spine testing showed decreased range of motion. Reflexes were 2+ for the knees and 1+ for the right ankle but 0 for the left. The patient has submitted a claim for low back pain with an industrial injury date of April 23, 2007. Treatment to date has included medications, physical therapy, lumbar epidural steroid injection, acupuncture, electrical stimulation, and back surgery with L4-5 fusion. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of severe low back pain with sciatica to the left. The pain was described as aching, numbing, shooting, stabbing, throbbing, gnawing, nagging, penetrating, exhausting, and miserable, with a pain score of 10/10. The pain was made worse by lying flat, movement, sitting and standing for a long time. She also reported shooting pain to both legs, left worse than the right. She also had paresthesia symptoms with burning pain and pins and needles, associated with weakness sensation with the left leg. On physical examination, lumbar spine testing showed decreased range of motion. Reflexes were 2+ for the knees and 1+ for the right ankle but 0 for the left. The patient has submitted a claim for low back pain with an industrial injury date of April 23, 2007. Treatment to date has included

medications, physical therapy, lumbar epidural steroid injection, acupuncture, electrical stimulation, and back surgery with L4-5 fusion. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of severe low back pain with sciatica to the left. The pain was described as aching, numbing, shooting, stabbing, throbbing, gnawing, nagging, penetrating, exhausting, and miserable, with a pain score of 10/10. The pain was made worse by lying flat, movement, sitting and standing for a long time. She also reported shooting pain to both legs, left worse than the right. She also had paresthesia symptoms with burning pain and pins and needles, associated with weakness sensation with the left leg. On physical examination, lumbar spine testing showed decreased range of motion. Reflexes were 2+ for the knees and 1+ for the right ankle but 0 for the left ankle. Gait was normal but with some difficulty with toe/heel walk. The patient did not use an assistive device. Straight raising leg test was positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS-3 NEUROMUSCULAR STIMULATOR FOR THREE MONTH FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

Decision rationale: According to page 120 of the Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) devices are 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. In this case, NMES was requested to address the patient's long-standing low back pain. The medical records also did not show whether the patient is in a post-stroke rehabilitation program, where NMES is primarily used. Therefore, the request for MEDS-3 neuromuscular stimulator for home use with electrodes and conductive garment for lumbar spine is not medically necessary.