

Case Number:	CM14-0003652		
Date Assigned:	01/31/2014	Date of Injury:	12/20/2005
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 57-year-old who reported an injury on December 20, 2005 secondary to a fall. The clinical note dated October 21, 2013 reported the injured worker complained of regular low back pain radiating to his left leg and left knee pain. He reported he had difficulty walking long distances and had been using an electric wheelchair. The injured worker reportedly rated his pain at 8/10 aggravated with movement. The physical examination revealed tenderness to palpation of the left knee. The diagnoses included chronic, low back pain and left knee pain status post arthroscopy surgery. The treatment plan included recommendations for an MRI of the lumbar spine, left knee/ankle, a power scooter, and medications, to include, Norco, Voltaren, and Neurontin. The injured worker underwent an unspecified knee surgery in 2007, and x-rays in December of 2011 which reportedly showed degenerative disc disease at L1-2. The injured worker also had an EMG in April of 2012. The request for authorization was submitted on November 21, 2013. A clear rationale for the request was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS THREE NEUROMUSCULAR STIMULATOR ELECTRODES FOR THREE MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL

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: The injured worker has a history of low back pain and left knee pain. The California MTUS Guidelines state neuromuscular electrical stimulation is not recommended. The guidelines note 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. There is a lack of documentation indicating the injured worker is participating in an adjunct treatment to include physical therapy or a home exercise program. In addition, the provider failed to specify the site at which the therapy is to be administered within the request. Further MENS is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The request for Meds Three neuromuscular stimulator electrodes for three months is not medically necessary or appropriate.