

<b>Case Number:</b>	CM14-0003658		
<b>Date Assigned:</b>	05/19/2014	<b>Date of Injury:</b>	12/20/2005
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

Per treating physician's report 11/18/2013, the patient presents with constant low back pain, associated with shooting pain down into the left leg, left knee pain as well struggling with long distance walk. The patient has been using the electric wheelchair for ambulatory assistance. Listed diagnoses are chronic low back pain, left knee pain status post arthroscopy surgery, ambulation assistive device, dependent, including a wheelchair, left ankle pain. Under treatment plan, it states "MEDS Stim for pain." The 10/21/2013 report is also reviewed. The patient is doing better since last visit, back to baseline in terms of regular pain condition, has regular low back pain associated with shooting pain down the leg and average pain is 8/10. Recommendations include MRIs under IV sedation, Norco #180, Voltaren, Neurontin, Theramine medical foods, topical compounds, and power scooter for long distance. The request for neuromuscular stimulation treatments were denied by utilization review letter dated 12/05/2013 due to lack of recommendation from MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS THREE NEUROMUSCULAR STIMULATOR CONDUCTIVE GARMENT FOR THREE MONTHS:** 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:** This patient presents with chronic low back pain. Request is for neuromuscular stimulator conductive garment for 3 months. Review of the reports do not show request for authorization sheet to understand exactly what the request is. Only 11/18/2013 progress report contains the request in question, but does not talk about conductive garment. It simply states "MEDS Stim." MTUS Guidelines do not support neuromuscular electrical stimulation indicating that this is not something that is used for chronic pain but used for stroke rehabilitation. Given the lack of support from MTUS Guidelines, the request is not medically necessary.