MAXIMUS Federal Services

Case Number:	CM14-0006312		
Date Assigned:	03/03/2014	Date of Injury:	06/25/2010
Decision Date:	08/05/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/16/2014

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 is a 61-year-old female who has submitted a claim for status post left knee arthroscopy with post-operative patellofemoral arthralgia and weakness; status post right total knee replacement; lumbar spine musculoligamentous sprain/strain, right sacroiliac joint sprain; and psychiatric complaints associated with an industrial injury date of June 25, 2010.Medical records from 2012-2014 were reviewed. The patient complained of low back pain, grade 7/10 in severity. The pain travels to her right thigh. She has difficulty lifting, dressing, stooping and bending. Physical examination showed tenderness and muscle guarding over the gluteal musculature, right sacroiliac joint, paravertebral musculature, and lumbosacral junction. Straight leg raise test elicits pain. Yeoman's test was positive on the right. There was limited range of motion of the lumbar spine. Motor strength and sensation was intact. Imaging studies of the lumbar spine were not available.Treatment to date has included medications, physical therapy, aqua therapy, home exercise program, activity modification, bilateral knee surgery, and sacroiliac joint injection.Utilization review, dated January 7, 2014, denied the request for 30 days trial of electrical muscle stimulation because it is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 30 DAYS TRIAL OF ELECTRICAL MUSCLE STIMULATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to page 121 of the Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended and are used primarily as part of a rehabilitation program following stroke. Guidelines also state that there is no evidence to support its use in chronic pain. In this case, the patient had low back pain since 2013. The medical records submitted failed to provide a rationale for this request. There was no discussion regarding the indication for use of an NMES device despite it not being recommended by the guidelines. There was also no documentation that the patient previously had stroke requiring its use. Therefore, the request for PROSPECTIVE REQUEST FOR 30 DAYS TRIAL OF ELECTRICAL MUSCLE STIMULATION is not medically necessary.