

Case Number:	CM14-0008770		
Date Assigned:	02/14/2014	Date of Injury:	06/16/2006
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 42-year-old male who reported an injury on 09/16/2006. The mechanism of injury was not provided for review. The injured worker ultimately underwent anterior cervical discectomy and fusion on the C5-6 and C6-7 in 08/2013 and anterior lumbar interbody fusion at L4-5 in 11/2013. The injured worker was evaluated on 01/22/2014. It was documented that the injured worker had 1/10 neck pain and 2/10 low back pain. Physical findings included a negative straight leg raise test. It was documented there was an x-ray that indicated the injured worker's hardware was in good position and there was a solid fusion at C5-7 of the cervical spine. The injured worker's diagnoses included sprain of the neck, brachial neuritis, and sprain of the lumbar region. The injured worker's treatment plan included activity modifications and followup evaluation with x-ray. A request was made for a muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MUSCLE STIMULATOR: 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 Chronic Pain Medical Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Pa.

Decision rationale: California Medical Treatment Utilization Schedule recommends neuromuscular stimulation in the rehabilitative treatment of stroke patients. This treatment modality is not recommended for chronic pain. There is no documentation that the injured worker has suffered a stroke and would require this kind of neuromuscular stimulation. Additionally, the request as it is submitted does not clearly identify treatment goals, duration of treatment, or body part application. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 muscle stimulator is not medically necessary or appropriate