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| Case Number: | CM14-0008961 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 06/22/2006 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 12/30/2013 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 Internal Medicine and is licensed to practice in Arizona. 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 58 year old woman with a work-related injury dated 6/22/06. Due to the injury she has chronic low back pain with diagnosis of idiopathic scoliosis of the thoracolumbar spine with mechanical back pain and lumbar radiculopathy and right L5S1 radiculopathy. She has been treated with surgical intervention in 2008, epidural steroid injections and oral analgesic medications. A secondary treating physician who is a pain specialist manages her pain. The medical record includes dates of visit 8/7/13, 9/4/13, 10/21/13, 10/30/13 and 12/16/13. The patient complains of low back pain with decreased sensation to PP at the right L5-S1 dermatomes, reflexes are diminished bilaterally. The provider recommends use of neuromuscular stimulator for 3 months with electrodes. Utilization review dated 12/30/13 denied this therapy stating that it was not medically necessary.

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 MONTHS' HOME USE WITH ELECTRODES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Neuromuscular Electrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20-.26 Page(s): 121.

Decision rationale: The injured worker is a 58 year old woman with chronic low back pain with radicular symptoms. She has been treated with surgical intervention, epidural steroid injections and oral analgesic medications. According to the MTUS Neuromuscular electrical stimulation (NMES) is not recommended for the use in chronic pain. It is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation does not support that the patient is being treated for post-stroke rehabilitation therefore the use of NMES with electrodes is not medically necessary.