

<b>Case Number:</b>	CM14-0104241		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 claimant was injured on multiple dates from August 4, 1996 through August 4, 1997 and also on May 23, 1997. A purchase of muscle stimulator supplies is under review. The claimant has chronic low back and radicular pain and occasional cervical spine pain. She has been treated with multiple medications including Norco/Vicodin, Neurontin, and naproxen and requires chronic opioids. She also has a muscle stimulator that she reportedly found to be helpful. She had a recent acute flare of her chronic low back pain and PT was ordered. She was seen on April 4, 2014. She was found to be at maximum medical improvement. She was using a muscle stimulator and needed supplies. The degree of pain relief from the stimulator is not described. She has been evaluated on multiple occasions in 2013 and 2014 with similar findings and chronicity. She is status post 2 lumbar surgeries, the first in 2005 and the second on July 5, 2012 with an L3-S1 fusion and has residual radiculopathy and low back pain. She reported benefit from a muscle stimulator and was doing home exercising and stretching and taking medications. Additional muscle stimulator supplies have been requested on multiple occasions. She remained on opioids, Norco, and naproxen and had stopped Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of muscle stimulator supplies for low back injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Neuromuscular stimulators Page(s): 151.

**Decision rationale:** The history and documentation do not objectively support the request for purchase of supplies for a muscle stimulator (quantity unknown) for chronic low back pain. The MTUS state "neuromuscular electrical stimulation (NMES devices) are not recommended. 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. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal-cord-injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005)." In this case, there is no evidence of disuse atrophy or stroke or similar neurologic problems. Muscular stimulators are not supported for the control of chronic pain. The claimant has been treated with multiple medications and these have been continued without significant reduction that is likely to be due to the use of this stimulator. Also, her history of trials of local care such as ice/heat is unclear and there is no objective evidence of measurable functional improvement from the use of this type of device, including a specific degree of recovery. There is no indication that she has been involved in an ongoing exercise program (functional restoration program) that is to be continued in conjunction with use of this type of stimulator. Therefore, the purchase of muscle stimulator supplies for low back injury is not medically necessary or appropriate.