Case Number:	CM14-0010213		
Date Assigned:	02/21/2014	**Date of Injury:**	09/04/2012
Decision Date:	06/30/2014	**UR Denial Date:**	01/10/2014
Priority:	Standard	**Application Received:**	01/24/2014

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 37-year-old male with a reported date of injury on 09/04/2012. The injury reportedly occurred when the claimant was performing his job with the [redacted]. The claimant presented with mild low back pain radiating to the lower extremities, neck pain, bilateral shoulder, forearm, and wrist and hand pain. A lumbar spine MRI dated 10/15/2012, revealed findings of an 8 mm disc protrusion at L5-S1. In the clinical note dated 10/23/2013, the physician indicated that the claimant failed conservative treatment. Upon examination, the claimant's lumbar range of motion revealed flexion to 27 degrees, extension to 10 degrees, right lateral flexion to 12 degrees and left lateral flexion to 11 degrees. According to the Chiropractic note dated 08/13/2013, the claimant utilized electrical muscle stimulation prior to that date. Diagnoses included failed back syndrome, cervical radiculopathy, left knee/lower knee degenerative joint disease, and carpal tunnel syndrome. The claimant's medication regimen included Atenolol, Ambien, Xanax, Prilosec, Norflex, Robaxin, and Norco. The Request for Authorization for electrical muscle stimulation unit 30 day trial was submitted on 01/16/2014. Within the clinical note dated 08/21/2013, the physician requested a home OrthoStim Electrical Muscle Stimulation Unit to decreased pain and spasms, decreasing medication usage and the ability to perform a home exercise program with greater ease.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRICAL MUSCLE STIMULATION UNIT 30-DAY TRIAL: 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)..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not recommend neuromuscular electrical stimulation. NMES is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Within the clinical note dated 08/13/2013, documentation showed evidence that the employee utilized electrical muscle stimulation prior to 08/13/2013. There is a lack of objective clinical findings of an increase in function related to the neuromuscular electrical stimulation. In addition, the request as submitted failed to provide the site at which the electrical muscle stimulation unit was to be utilized. Furthermore, the MTUS guidelines do not recommend neuromuscular electrical stimulation, as there is no evidence to support its use in chronic pain. The provider also did not indicate the device would be used as part of a rehabilitation program. The request for an electrical muscle stimulator unit 30-day trial is not medically necessary and appropriate.