

Case Number:	CM14-0016905		
Date Assigned:	04/11/2014	Date of Injury:	05/23/1997
Decision Date:	05/28/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/10/2014

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 Illinois. 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 60-year-old female who reported an injury on 05/23/1997. The mechanism of injury was a slip and fall. The injured worker reportedly sustained an injury to her neck and low back. The injured worker ultimately underwent decompression and fusion at the L4 through the S1 followed by physical therapy. Multiple medications were used to manage the injured worker's postsurgical pain. The injured worker was evaluated on 12/11/2011. Physical findings included restricted range of motion of the cervical and lumbar spine. The injured worker had a positive straight leg raising test, tenderness to palpation of the paralumbar musculature, decreased sensation on the top of the bilateral feet and altered sensation in the anterior lateral thighs and knee area. The injured worker's diagnoses included chronic low back pain, and cervical strain with intermittent radicular symptoms. The injured worker's treatment plan included supplies for a muscle stimulator as use of that stimulator was providing benefit and pain relief, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MUSCLE STIMULATOR FOR 6 MONTHS TO THE LOW BACK, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHRONIC PAIN DISORDERS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 122.

Decision rationale: The requested 1 muscle stimulator for 6 months to the low back as an outpatient is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of a neuromuscular electrical stimulation unit. This treatment modality is not recommended for chronic pain as there is no scientific evidence to support its use. California Medical Treatment Utilization Schedule states that this type of treatment is used in the rehabilitation program following a stroke. There is no indication that the injured worker is a stroke patient. There is no justification to extend treatment beyond guideline recommendations. As such, the requested 1 muscle stimulator for 6 months to the low back as an outpatient is not medically necessary or appropriate.