

Case Number:	CM14-0118624		
Date Assigned:	08/06/2014	Date of Injury:	11/12/2013
Decision Date:	10/01/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family 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:

This is a 49-year-old female patient who reported an industrial injury on 11/12/2013, ten (10) months ago, attributed to the performance of her usual and customary job tasks reported as a slip and fall striking your head on a door. The patient complains of left knee, neck, bilateral hand pain, and lower back pain. The patient had been treated with physical therapy; medications; chiropractic care; and acupuncture. The treatment plan included the purchase of a home dual muscle stimulator with supplies. The dual stimulator included TENS and NMES waveforms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home Dual Stimulator Unit for the Left Knee, Cervical, and Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116, 121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 265, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Current Stimulation Page(s): 115, 118-121.

Decision rationale: There was no objective evidence to support the medical necessity of the purchase of a dual muscle stimulator with both TENS unit and NMES waveforms for the

treatment of the neck, back, or knee for the effects of the industrial injury. The patient is documented to have chronic pain issues; however, NMES is not recommended for the treatment of chronic pain issues. As outlined below, the ACOEM Guidelines 2nd edition states that there is insufficient evidence to support the use of interferential or NMES muscle stimulation. The chronic pain chapter of the ACOEM Guidelines does not recommend the use of IF Units or NMES units for the treatment of knee, back or neck pain. There is no objective evidence provided by the provider to support the medical necessity of the requested NMES muscle stimulator in the form of the DUAL Muscle stimulator with supplies for the treatment of the effects of the cited industrial injury. The California MTUS and the Official Disability Guidelines do not recommended the use of an NMES Muscle stimulator unit as an isolated intervention; however, if used anyway there are certain criteria to meet prior to authorization. The requested Nex-wave provides IF; TENS; and NMES stimulation and supplies is a multiple channel stimulator that is reported by the vendor to alternate between the use of neuromuscular stimulation for strengthening and interferential stimulations for pain relief. The NMES was requested to treat the chronic neck, knee, and back pain. Evidence-based guidelines do not support the use of NMES or interferential muscle stimulation for the treatment of the neck, back, or knee. Since the Dual muscle stimulator is a multiple channel stimulator and the NMES muscle stimulation components are not recommended by evidence-based guidelines, then the whole device is not recommended or considered to be medically necessary or reasonable for the treatment of chronic neck, back, or knee pain. The use of a neuromuscular stimulator for the reduction of pain or control spasms is not demonstrated to be medically necessary or meet the criteria recommended by the currently accepted evidence-based guidelines. The use of a neuromuscular electrical stimulation (NMES) device with the two wave forms of NMES stimulation for chronic lower back pain, neck pain, or knee pain is not recommended by the ACOEM Guidelines, the Official Disability Guidelines. There was no demonstrated medical necessity for the prescribed Dual muscle stimulator with supplies for either purchase. Therefore, this request is not medically necessary.