

<b>Case Number:</b>	CM14-0119270		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal 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:

Patient is an injured worker with chronic neck and low back complaints. Date of injury was 05-23-1997. Treating physician's progress report for the date of examination July 3, 2014 documented subjective complaints of neck and lower back pain. The patient states that her condition has remained stable overall since the last examination. Physical therapy has now been authorized and she has started this, which she states has been very helpful for her lower back pain and she will continue to attend physical therapy at this time. Lower back pain is present most of the time and still has an altered feeling or sensation in the thigh and knee area and tops of the feet. Neck pain is generally limited to the neck area but occasionally radiates to the left upper extremity with tingling, and burning sensation, which comes and goes. Physical examination findings were documented. Usual gait is slow with flexed forward posture due to back pain. Sensation is decreased on the top of both feet bilaterally to light touch, pinprick and vibration. There is altered sensation noted in "both anterior lateral thighs and knee area, which apparently was a feeling of altered sensation but no definite decreased sensation to light touch. Palpation of paracervical muscles showed mild muscle spasm and tenderness. Crepitation heard during range of motion. Flexion was 100% of normal. Extension was 80% of normal. Lumbar spine shows surgical scar from S1-L4 midline well healed nontender. Palpation of paralumbar muscles showed moderate muscle spasm or tightness. Flexion was 75% of normal. Extension was 60% of normal. Straight leg raising test was negative bilaterally. The patient had a somewhat flexed forward posture. Diagnoses were chronic low back pain residuals of two lumbar surgeries first in 2005 and second on 07/05/2012 with L3-S1 fusion with residual radiculopathy and low back pain, and cervical strain with intermittent radicular symptoms to the left upper extremity. The above diagnoses are consistent with the patient's injury of 05/23/97 when she slipped and fell on an oil spill at work falling backwards injuring her low back and

neck. Treatment recommendations were physical therapy, supplies for muscle stimulator, Norco, Naproxen, Prevacid. Utilization review decision date was 07-28-2014.

### **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 neck and lower back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 173-174,300,Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) and Transcutaneous electrotherapy) Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Electrotherapies.

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 121) states that neuromuscular electrical stimulation (NMES) is not recommended. There is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition Chapter 8 Neck and Upper Back Complaints (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. ACOEM Chapter 12 Low Back Complaints (Page 300) states that physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) state that electrotherapies are not recommended. Official Disability Guidelines (ODG) state that electrotherapies are not recommended for neck and upper back conditions. Work Loss Data Institute guidelines for the lumbar and thoracic back (acute & chronic) state that neuromuscular electrical stimulators (NMES) is not recommended. The patient is an injured worker with chronic neck and low back complaints. Date of injury was 05-23-1997. Primary treating physician's progress report for the date of examination July 3, 2014 documented the diagnoses of chronic low back pain residuals of two lumbar surgeries first in 2005 and second on 07/05/2012 with L3-S1 fusion with residual radiculopathy and low back pain, and cervical strain with intermittent radicular symptoms to the left upper extremity. MTUS guidelines do not recommend neuromuscular electrical stimulation (NMES) because there is no evidence to support its use in chronic pain. Therefore, the request for Purchase of muscle stimulator supplies for neck and lower back is not medically necessary.