

Case Number:	CM14-0121971		
Date Assigned:	08/06/2014	Date of Injury:	05/23/1997
Decision Date:	09/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/01/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 61-year-old female with a reported date of injury on 05/23/1997. The mechanism of injury was noted to be from a slip and fall. Her diagnoses were noted to include chronic low back pain with residuals of 2 lumbar surgeries, residual radiculopathy and low back pain, and cervical strain with intermittent radicular symptoms to the left upper extremity. Her previous treatments were noted to include physical therapy and medications. The progress note dated 07/03/2014 revealed the injured worker reported her condition had remained stable overall since the last examination. The injured worker indicated she had been going to physical therapy, and it had been very helpful for her lower back. The injured worker complained of low back pain that still had an altered feeling or sensation in the thigh and knee area, and tops of the feet. The injured worker complained of neck pain generally limited to the neck, but occasionally radiated to the left upper extremity with tingling and burning sensation. The injured worker indicated that due to the back pain she had difficulty with prolonged sitting, standing, walking, bending, as well as showering, sleeping, and getting dressed. The sensory examination was noted to be decreased at the top of both feet bilaterally. There was an altered sensation noted in both anterior thighs and knee area, which was a feeling of altered sensation with no definitive decreased in sensation to light touch. The physical examination of the paracervical muscles showed mild muscle spasm and tenderness. Crepitation was heard during range of motion. The physical examination of the lumbar spine showed palpation of the paralumbar muscles showed moderate muscle spasm or tightness. There was a decreased range of motion noted, and a negative straight leg raise. The provider indicated the injured worker had received a muscle stimulator, and found it had been very helpful. The Request for Authorization form dated 07/15/2014 was for a muscle stimulator that the injured worker found helpful for her pain.

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 used for the neck and lower back as an outpatient.:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulator, Neuromuscular Stimulator Page(s): 118, 121.

Decision rationale: The request for Purchase of Muscle Stimulator Supplies used for the neck and lower back as an outpatient is not medically necessary. The injured worker had been utilizing a muscle stimulator for her neck and back. The California Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue and shoulder pain, cervical neck pain, and postoperative knee pain. The neuromuscular electrical stimulation is not recommended by the guidelines. 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. There are no intervention trials suggesting benefit from NMES for chronic 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. The injured worker does not have clinical findings or a diagnosis consistent with a stroke to warrant the NMES part of the Ortho Stimulation unit. There is a lack of documentation regarding previous electrical muscle stimulation therapy and effectiveness of the muscle stimulator with reduced medications. Additionally, there is lack of documentation regarding a 30 day trial of the muscle stimulator and in regards to medication reduction, improved functional status, and effective pain relief. Therefore, the request is not medically necessary.