

<b>Case Number:</b>	CM14-0125840		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 52 year-old female who reported an injury to her neck and both knees. The qualified medical examination dated 09/12/13 indicates the injured worker stating the pain resulted as a gradual onset of repetitive motions. The injured worker was required to maintain a certain level of physical fitness which required running and weight training which developed into bilateral knee pain. The injured worker also reported low back pain as a result of wearing her work-related belt required for her duties as an officer for the [REDACTED]. The injured worker also reported intermittent headaches. Upon exam, tenderness was identified throughout several areas on her body. Tenderness was further revealed at the L4 through S1 levels as well as the superior iliac crest. The note does indicate the injured worker utilizing Skelaxin for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NexWave Combo Electrical Stimulator with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulator (NMES) / Interferential Current Stimulation (ICS) Page(s): 118-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices).

**Decision rationale:** The documentation indicates the injured worker complaining of pain at several sites. The use of an electro stimulation device currently is not recommended as there are no high-quality studies that have been published in peer review literature supporting the safety and efficacy of the use of electro stimulation devices for chronic pain. No previous trials have been completed suggesting significant functional benefits with the use of an electro stimulation device. Given these factors, the request is not indicated as medically necessary.