

Case Number:	CM14-0152642		
Date Assigned:	09/23/2014	Date of Injury:	10/31/2013
Decision Date:	10/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 44 years old female with an injury date on 10/13/2013. Based on the 07/07/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar radiculopathy. According to this report, the patient complains of constant low back pain radiating occasionally to the left lower extremity with numbness and tingling. Pain is rated at a 5/10. Lumbar range of motion is decreased. Tenderness and spasm is noted at the lumbar region. The 04/17/2014 report indicates pain is relieved by rest, heat, medications and back support. There were no other significant findings noted on this report. The utilization review denied the request on 08/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/08/2014 to 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repositional Electrodes; 9 volt batteries and Bifurcated Lead Wires: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the 07/07/2014 report by [REDACTED] this patient presents with constant low back pain radiating occasionally to the left lower extremity with numbness and tingling. The treater is requesting Repositionable Electrodes; 9 volt batteries and Bifurcated Lead Wires. These appear to be supplies for neuromuscular stimulator. The MTUS guidelines do not support the use of E-stim, or NMES except for stroke rehab. This patient presents with chronic low back pain. Recommendation is for denial.

Neuromuscular Stimulator Electronic Shock Unit; delivery set and dispensing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the 07/07/2014 report by [REDACTED] this patient presents with constant low back pain radiating occasionally to the left lower extremity with numbness and tingling. The treater is requesting Neuromuscular Stimulator Electronic Shock Unit; delivery set and dispensing but the treating physician's report and request for authorization containing the request is not included in the file. MTUS does not support neuromuscular stimulator (NMES) except for stroke rehabilitation. This patient presents with low back pain for which this unit is not indicated. Recommendation is for denial.