

Case Number:	CM14-0156434		
Date Assigned:	09/26/2014	Date of Injury:	07/13/2004
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/24/2014

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 58 year old female with an injury date of 02/13/04. The 08/12/14 progress report by [REDACTED] states that the patient presents with continued mid to lower back pain that radiates into the buttocks and down the anterior thighs bilaterally rated 6/10 with and without medications. The patient walks with a mild antalgic gait and examination of the lumbar spine show tenderness to palpation and spasms of the paravertebral muscles bilaterally. There is decreased sensation in the L4 dermatome bilaterally and S1 dermatome on the right. The patient's diagnoses include: 1. Status post L4-S1 fusion 20102. Residual lower extremity paresthesias. 3. T7-12 disc degeneration. Current medications are listed as Lyrica, Norco, Zanaflex and Baclofen. The utilization review being challenged is dated 08/27/14. The rationale is that Neuromuscular Electrical Stimulation is not recommended by MTUS. Treatment reports from 03/06/14 to 08/12/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement muscle stimulator unit with supplies: Upheld

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

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

Decision rationale: The patient presents with mid to lower back pain that radiates into the buttocks and down the anterior thighs bilaterally rated 6/10. The provider requests for Replacement muscle stimulator unit with supplies. On 08/12/14 [REDACTED] states that the patient has frequently used 2 stimulator units in the past with long term benefit. The patient started use of the unit in 2006 and it was replaced in 2011 which was again effective at the same frequency. The patient states that without use of the unit pain averages 6/10 and with there is more than 50% relief, and the patient requires less medications. Use is intended for 4-6 times daily on the lumbar spine. MTUS page 121 states the following regarding Neuromuscular Electrical Stimulation (NMES devices), "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." In this case, lacking recommendation per MTUS guidelines, the request is not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The patient presents with mid to lower back pain that radiates into the buttocks and down the anterior thighs bilaterally rated 6/10. The provider requests for Baclofen 10 mg #60. On 08/12/14 the provider notes that muscle spasms have been worsening, therefore, the patient's medication was changed from Zanaflex to Baclofen. The 08/27/14 utilization review modified the request of #60 to #30. MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and Baclofen."