

Case Number:	CM14-0169274		
Date Assigned:	10/17/2014	Date of Injury:	12/08/2013
Decision Date:	11/25/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Management 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:

According to the records made available for review, this is a 63-year-old female with a 12/8/13 date of injury. At the time (9/19/14) of the Decision for Localized intense neurostimulation therapy 1 x 6 for the lumbar spine, there is documentation of subjective (burning low back pain with numbness and tingling over bilateral lower extremities) and objective (tenderness over lumbar paraspinal muscles as well as lumbosacral junction, decreased lumbar range of motion, and decreased sensory exam over L4,L5, and S1 dermatomes) findings, current diagnoses (low back pain, lumbar spine sprain/strain, and lumbar spine degenerative disc disease), and treatment to date (medications, chiropractic therapy, acupuncture therapy, and physical therapy). There is no documentation that neuromuscular electrical stimulation (NMES) will be primarily used as a part of rehabilitation program following stroke.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation therapy 1 x 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar spine sprain/strain, and lumbar spine degenerative disc disease. However, there is no documentation that neuromuscular electrical stimulation (NMES) will be primarily used as a part of rehabilitation program following stroke. Therefore, based on guidelines and a review of the evidence, the request for Localized intense neurostimulation therapy 1 x 6 for the lumbar spine is not medically necessary.