

<b>Case Number:</b>	CM14-0169819		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/11/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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 43-year-old female with a date of injury on 1/11/2014. The injured worker was in a motor vehicle accident and sustained neck and low back injuries. She was treated at the occupational medicine clinic with appropriate medications and a course of physical therapy. The injured worker was treated at the occupational medicine clinic through 3/14 with about 20% improvement. At some point, she switched her care to a chiropractor. There are notes from the chiropractor in 4/14 indicating minimal pain in the neck, shoulder, and low back. The chiropractor apparently prescribed a neuromuscular stimulator for the injured worker.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MBR Retro Rental [REDACTED] Neuromuscular Stimulator:** Upheld

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

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

**Decision rationale:** The Neuromuscular Stimulator Device is not indicated at this time. The comment was made that the device was to be utilized in the treatment of pain, yet the injured worker subjectively had minimal pain complaints. The Medical Treatment Utilization Schedule

does not support this device. According to the Medical Treatment Utilization Schedule, the request is not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from neuromuscular electrical stimulation for chronic pain. Given the available clinical data and the guidelines, the device is not seen to be medically necessary at this time.