

Case Number:	CM14-0174725		
Date Assigned:	10/27/2014	Date of Injury:	05/22/2013
Decision Date:	12/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old male old who had a work injury dated 5/22/13. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, and lumbar herniated disc. The patient is a status post hemilaminectomy in 2010; status post initial lumbar laminectomy/microscopic with discectomy at L4-5 on the left; status post new injury to the lumbar spine dated May 22, 2013; L4-5 and L5-S1 fusion with posterior instrumentation and interbody fusion, February 7, 2014, wound infection in the lumbar spine with debridement and incision and drainage on February 28, 2014; subcutaneous hardware placement in the lumbar spine. Under consideration are requests for pro-tech multi stim unit x 30 day trial, plus 3 months supplies. The documentation indicates that the patient had electrodiagnostic studies on 9/30/14 of the bilateral lower extremities which revealed: 1) No evidence of a specific entrapment or traumatic neuropathy. 2) Extensive paraspinal EMG changes (right greater than left) consistent with chronic denervation and multiple prior surgeries. EMG findings are most notable on the right and approximate the L4 level. No distal denervation was noted. There is a 10/17/14 physical exam which revealed muscle strength of the back extensors and lateral flexors, hip flexors, extensors and abductors is normal. Muscle strength of the knees flexors, extensors, ankles plantar flexion, dorsiflexion, toes plantar flexion and dorsiflexion is normal. Trendelenberg's test is normal. Patellar 2+ and Achilles reflexes are 1+ bilaterally. Straight leg raising test is negative at 60 degrees bilaterally. Lasegue and Patrick tests are negative bilaterally. Babinski's sign is negative bilaterally. There is +/- decreased sensation on the left S1 area. Per documentation dated 03/04/ 14, progress note that the patient complained of low back pain. The patient was lying in bed, and was in no acute distress. The pain was rated as 4/10. The patient stated tolerating the pain, and was walking up and down the floor trying to get stronger.

On examination, the patient was alert, awake, and oriented times three. There was no cyanosis, no clubbing, and no edema in the extremities. The patient had intact sensation. There was no adenopathy. There were no neurologic changes. Per documentation the Primary Treating Physician's Progress Report Addendum dated 08/12/14, the provider recommended Pro-Tech Multi-Stim 30-day trial, to be used 3 to 4 times a day in 30-minute intervals as an adjunct to conservative treatment as part of the functional restoration program designed for the patient. There is a 1/18/14 document that states that the reason for Pro-tech is for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-tech multi stim unit x 30 days trial, plus 3 months supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices) Page(s): 127.

Decision rationale: Pro-tech multi stim unit x 30 days trial, plus 3 months supplies is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that neuromuscular electrical stimulation is 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. There are no intervention trials suggesting benefit from NMES for chronic pain. The documentation does not indicate the patient is post stroke. Prior utilization review states that multi stim unit was recommended because the patient presented with atrophy and spasticity of the affected region which required a trial with this device to decrease pain and improve function. The documentation does not indicate evidence of a stroke. The documentation is not clear on why the patient requires 3 months of supplies for a one month trial. The request for pro tech multi stim unit is not medically necessary.