

Case Number:	CM14-0182630		
Date Assigned:	11/07/2014	Date of Injury:	07/25/2014
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Pain Management 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 39-year-old female with a date of injury of 07/25/2014. The listed diagnoses per [REDACTED] are: 1. Rule out HNP C/S, T/S, L/S. 2. Right UE radiculopathy. 3. Right LE sciatica. According to progress report 09/26/2014, patient presents with neck, mid back, and low back pain. Examination revealed "restricted ROM, palpable tenderness, positive (illegible) hall, SLR, Braggard's, Kemp's". Treater is requesting a muscle stim unit for pain management. Utilization review denied the request on 10/23/2014. Treatment reports from 07/29/2014 through 09/26/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Stim Unit for pain management: 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: This patient presents with neck, mid back, and low back pain. The treater is requesting Muscle Stim Unit for pain management. Neuromuscular electrical stimulation

(NMES devices) under MTUS Guidelines page 121 states it is not recommended. NMES is use primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In this case, NMES is not supported for chronic pain. The request for Muscle Stim Unit is not medically necessary.