

<b>Case Number:</b>	CM14-0183029		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 17 year old with an injury date on 8/28/13. Patient complains of constant, stinging pain in the neck, radiating into the right arm/fingers, and occasionally into left arm/fingers with numbness, overall pain rated 8/10 per 7/28/14 report. Patient has intermittent pain in the right shoulder radiating into the fingers, rated 8/10, intermittent pain in the left shoulder radiating into the fingers/chest, rated 7/10, and constant, pressure-type pain in the low lumbar radiating into mid-back, rated 10/10 per 7/28/14 report. Based on the 7/28/14 progress report provided by [REDACTED] (not the requesting physician, as that report does not contain diagnostic impression) the diagnoses are: 1. s/s of the cervical spine and right trapezius 2. contusion/sprain/strain of the lumbar spine Exam on 7/28/14 showed "C-spine range of motion is full. Range of motion of bilateral shoulders is full. L-spine range of motion is reduced slightly by 5 degrees in extension and lateral bending, bilaterally." Patient's treatment history includes physical therapy, oral medication, and acupuncture. The treating physician is requesting prime dual electrical stimulator. The utilization review determination being challenged is dated 10/6/14. The treating physician provided treatment reports from 7/28/14 to 10/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prime dual electrical stimulator:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 pain, bilateral arm pain, and pain in fingers of bilateral hands, bilateral shoulder pain, and back pain. The treater has asked for prime dual electrical stimulator on 10/17/14. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the patient In this case, the patient presents with chronic pain of the lumbar spine, cervical spine, and shoulders and which is not indicated per MTUS guidelines for use of muscle stimulator. Recommendation is not medically necessary and appropriate.