

<b>Case Number:</b>	CM14-0184510		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	01/07/1993
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 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 underlying date of injury in this case is 01/07/1993. The date of the utilization review under appeal is 11/01/2014. The patient's treating diagnoses include status post multiple spine surgeries resulting in a T10-S1 fusion and also multiple cervical disc bulges. The primary treating physician followup note of 10/14/2014 noted the patient presented for followup with persistent low back pain. The treating physician noted the patient was being treated with Dilaudid, methadone, and fentanyl and that the patient was working toward increasing her physical activity through exercise and had been losing weight. The treating physician requested a muscle stimulator to help her regain her strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One muscle stimulator:** 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 Page(s): 121.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discuss neuromuscular electrical stimulation on page 121. This guideline

states that there is no evidence to support this device for use in chronic pain but rather that this is primarily used as part of a rehabilitation program following stroke. The medical records overall do not provide a rationale or indication to support this request. This request is not medically necessary.