

Case Number:	CM14-0185551		
Date Assigned:	11/13/2014	Date of Injury:	03/01/2007
Decision Date:	12/15/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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:

According to the records made available for review, this is a 60-year-old male with a 5/17/07 date of injury, and status post anterior L4-5 and L5-S1 fusion 2/12/10. At the time of request for authorization for localized intense neurostimulation therapy of the lumbar spine, there is documentation of subjective (neck pain, status post lumbar spine surgery with residual pain) and objective (cervical spine tenderness to palpation at the suboccipital region, both scalene and trapezius muscles, decreased range of motion, positive distraction and cervical compression, slightly decreased sensation in the C5, C6, C7, C8 and T1, motor strength 4/5 in the bilateral upper extremities, lumbar spine tenderness and spasms, decreased range of motion, positive straight leg raise, slight decreased sensation at the L4, L5, and S1 dermatomes, 4/5 muscle strength in the bilateral lower extremities) findings, current diagnoses (cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, low back pain, status post lumbar spine surgery, lumbar spine sprain/strain, rule out herniated nucleus pulposus, rule out radiculitis lower extremity), and treatment to date (physical therapy, bracing, medications and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized Intense Neurostimulation Therapy of the Lumbar Spine: 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 Page(s): 121.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is "not recommended." In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is "primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." Therefore, based on guidelines and a review of the evidence, the request for Localized Intense Neurostimulation Therapy of the Lumbar Spine is not medically necessary.