

<b>Case Number:</b>	CM14-0021224		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/14/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 & Rehabilitation and is licensed to practice in Minnesota. 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 injured worker is a 63-year-old male who reported a repetitive strain injury on 06/14/2002. Current diagnoses include cervical disc disease, cervical radiculopathy, status post right shoulder arthroscopy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and headaches. The injured worker was evaluated on 11/22/2013 with complaints of cervical spine and low back pain. Previous conservative treatment includes physical therapy, chiropractic therapy, and acupuncture. Current medications include naproxen, gabapentin, hydrocodone, and Tylenol #3. Physical examination on that date revealed an antalgic gait, midline tenderness to palpation of the cervical spine, moderate tenderness over the paravertebral musculature radiating into the trapezii, spasm, positive axial head compression testing, positive Spurling's maneuver, facet tenderness at C4 through C7, limited cervical range of motion, and decreased sensation along the C5 and C6 dermatomes bilaterally. Treatment recommendations at that time included an MRI of the cervical and lumbar spine, an electronic muscle stimulator unit, and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ELECTRICAL MUSCLE STIMULATION UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous Electrotherapy Page(s): 117-121.

**Decision rationale:** California MTUS Guidelines state neuromuscular electrical stimulation is not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. Therefore, the current request cannot be determined as medical appropriate.