

Case Number:	CM14-0021683		
Date Assigned:	05/05/2014	Date of Injury:	02/09/2009
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	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 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 33 year old with an injury date on 2/9/09. Based on the 12/17/14 progress report provided by [REDACTED] the diagnoses are: 1. Major depressive disorder, single episode. 2. Generalized anxiety disorder. 3. Insomnia; chronic pain from work-related injury. Exam of L-spine on 12/17/13 showed tenderness and spasms in lumbar region. Tenderness in right SI joint. Decreased sensation in right side of L5-S1 dermatome. Positive straight leg raise on right lower extremity. [REDACTED] is requesting EMS unit and supplies. The utilization review determination being challenged is dated 2/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 6/26/13 to 1/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS UNIT AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: This patient presents with lower back pain, depression, sleeplessness without medications. The treating physician has asked for an EMS unit and supplies on 1/7/14. Review of the report shows no indication patient has used EMS in the past. Patient has attempted conservative modalities including epidural steroid injections, lumbar traction unit, and medication per 10/29/13 report. Regarding neuromuscular electrical stimulation, MTUS does not recommend this due to a lack of clinical evidence supporting its usage to manage chronic pain. In this case, the treating physician has asked for electronic muscle stimulator and supplies, which MTUS considers experimental and investigative. Recommendation is for denial. The request is not medically necessary and appropriate.