

Case Number:	CM14-0022727		
Date Assigned:	06/11/2014	Date of Injury:	07/12/2000
Decision Date:	07/15/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/24/2014

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 Illinois. 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 60 year old male who reported injury to the lower back of unknown mechanism. He complained of low back pain radiating down bilateral thighs and difficulty with prolonged waking and standing. On physical examination he was observed to have lumbar extension to 20 degrees and left side bending decreased to 20 degrees, lumbar paraspinal spasm, negative bilateral lumbar facet maneuver, SI joint stress test, bilateral Patrick test, and right straight leg raising test. He did have bilateral gluteal tightness and mild hamstring tightness at 45 degrees on left leg raise test. The injured worker had diagnoses of L3-S1 spinal stenosis, lumbar spondylosis, and decreased core strength. He had past treatments of oral medications and a topical pain patch along with independent home exercise and weight reduction program. There is mention of aquatic physical therapy, but there is no documentation stating that the injured worker participated in the therapy. The injured worker's medications were lidoderm 5% patch, apply 1-2 patches for 12 hours daily as needed, norco 7.5/325mg one tablet by mouth at bedtime as needed, and lyrica 150mg one capsule three times a day. The treatment plan is to continue medications, independent home exercise and weight reduction program and a request to apply a neurostimulator. The request for authorization for was not submitted for review. There is no rationale for the request, apply neurostimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPLY NEUROSTIMULATOR: 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) Page(s): 121.

Decision rationale: The request for apply neurostimulator is non-certified. The injured worker complained of low back pain radiating down bilateral thighs and difficulty with prolonged waking and standing. On physical examination he was observed to have lumbar extension to 20 degrees and left side bending decreased to 20 degrees, lumbar paraspinal spasm, negative bilateral lumbar facet maneuver, S1 joint stress test, bilateral Patrick test, and right straight leg raising test. He did have bilateral gluteal tightness and mild hamstring tightness at 45 degrees on left leg raise test. He had past treatments of oral medications and a topical pain patch along with independent home exercise and weight reduction program. CA MTUS chronic pain medical treatment guidelines for neuromuscular electrical stimulation (NMES) states that MMES is not recommended and is primarily used in conjunction with a rehabilitation program following a stroke. It also states that NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a transcutaneous electrical nerve stimulation (TENS) unit which is intended to alter the perception of pain and there is no evidence to support its use for chronic pain. There is no documentation stating the injured worker suffered a stroke or that a trail of a TENS unit. Therefore, the request for apply neurostimulator is not medically necessary.