

<b>Case Number:</b>	CM14-0023995		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 patient is a 55 year old male who was injured on 09/19/2012. The patient was involved in a motor vehicle accident. He reported his brakes failed and he hit a barricade. Prior treatment history has included 12 sessions of acupuncture. Follow-up podiatric evaluation and report dated 01/03/2013 reported the patient was complaining of right lower extremity weakness along with instability and pain. His motor strength and function was reduced to 4/5 in all planes on the right side. Diagnoses are lumbar radiculitis with neuropathy, lumbar sprain/strain, and gait abnormality. The patient was recommended to continue with acupuncture, chiropractic and physical therapy care. AME report 01/14/2014 indicated the patient was complaining of occasional left shoulder pain, which he rated as a 3/10 at best and 5/10 at worst. The low back pain had associated symptoms of aching, burning and stabbing radiating into the bilateral buttocks. He reported occasional right fibula tenderness and pain radiating to the right ankle. Prior utilization review dated 02/07/2014 states the request for localized intense neurostimulation therapy is denied as this treatment is considered investigational.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LOCALIZED INTENSE NEUROSTIMULATION THERAPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices). Decision based on Non-MTUS Citation ODG Localized Intense Neurostimulation Therapy (LINT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121. Decision based on Non-MTUS Citation (ODG), Pain, Neuromuscular electrical stimulation (NMES devices).

**Decision rationale:** CA MTUS and ODG, Guidelines state that localized intense neurostimulation therapy such as NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. It is recommended for the treatment of rehabilitation in the use of stroke patients with pain and atrophy of muscle groups. In this case, the medical records document chronic pain in the patient without evidence of stroke in the past or functional impairment. Furthermore the guidelines show the treatment system is not helpful in the treatment of chronic pain. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.