

Case Number:	CM14-0025116		
Date Assigned:	06/11/2014	Date of Injury:	04/06/2007
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 female who reported an injury to her low back. The medical records review dated 09/17/13 indicates the injured worker had previously undergone extensive care of conservative treatments addressing the low back complaints. The operative report dated 01/08/14 indicates the injured worker undergoing a posterolateral interbody fusion from L1 through S1. The clinical note dated 02/25/14 indicates the injured worker having previously undergone a lumbar fusion on 01/08/14. The injured worker did report complications regarding left leg movements. The injured worker stated that she was unable to move the left leg. A second surgery was completed on 01/16/14. The injured worker continued with 5-6/10 pain in the lumbar region. The injured worker described the pain as a sharp shooting sensation with spasms. There is an indication the injured worker underwent physical therapy as well as injections and chiropractic manipulation. The injured worker also had undergone a course of acupuncture treatments. The note indicates the injured worker having absent reflexes at both Achilles. Additionally, strength deficits were identified throughout the left lower extremity that were rated as 3 to 4+/5. The utilization review dated 02/18/14 resulted in a denial for a rental of a neuromuscular electrical stimulation unit as insufficient information had been submitted establishing the need for a neuromuscular stimulation device.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTH RENTAL OF A NEUROMUSCULAR ELECTRICAL STIMULATOR UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 120-121.

Decision rationale: The request for a 6 month rental of a neuromuscular electrical stimulation unit is not medically necessary. The documentation indicates the injured worker complaining of ongoing low back pain despite a previous surgical intervention. Neuromuscular electrical stimulation devices are currently not recommended. Traditionally, neuromuscular electrical stimulation devices are primarily used as part of a rehabilitation program following a stroke with little evidence supporting the use of these devices for chronic pain. Given that no information was submitted regarding the injured worker's stroke history, this request is not indicated as medically necessary.