

<b>Case Number:</b>	CM14-0025666		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old man who sustained a work-related injury on June 25, 2013. Subsequently, he developed chronic back pain. According to a progress report dated January 30, 2104, the patient reported that he had low back pain and a CT scan, which showed a compression fracture. Her physical examination demonstrated right paravertebral spasm of the mid thoracic region, moderate point tenderness T5-6 and T8-9, and tenderness over the anterior right 6th rib and mild limb tremor. The patient was diagnosed with thoracic compression fracture, thoracic strain, and lumbosacral strain. The patient was treated with pain medications, chiropractic treatment, with manipulation therapy and electrical muscle stimulation as well as myofascial release. According to the progress report dated February 21, 2014, the patient reported 50% improvement in his mid-back pain which was now 5/10, but no change in his upper back pain, which remained at 8-9/10. His physical examination demonstrated thoracic spine spasms with reduced range of motion. The provider requested authorization for rental of a art neuromuscular stimulator for 3 months, with the purchase of a conductive garment and purchase of electrodes monthly for the art neuromuscular stimulator.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENTAL OF A ARTD NEUROMUSCULAR STIMULATOR FOR 3 MONTHS, WITH THE PURCHASE OF A CONDUCTIVE GARMENT AND PURCHASE OF ELECTRODES MONTHLY FOR THE ARTD NEUROMUSCULAR STIMULATOR:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION (NMES DEVICES).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

**Decision rationale:** According to MTUS guidelines, Interferential Current Stimulation. Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain (Van der Heijden, 1999)(Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005)(Burch, 2008). The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. While not recommended as an isolated intervention. The patient selection criteria if Interferential stimulation is to be used anyway, possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine, pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There is no clear evidence that the patient did not respond to conservative therapies, or have post op pain that limit his ability to perform physical therapy. There is no clear evidence that the neurostimulator will be used will as a part of a rehabilitation program. In Addition, there is a limited evidence supporting the use of neuromuscular stimulator for chronic pain. Therefore, the decision for rental of a art neuromuscular stimulator for 3 months, with the purchase of a conductive garment and purchase of electrodes monthly for the art neuromuscular stimulator. As such, the request is not medically necessary.