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| <b>Case Number:</b>   | CM14-0029688 |                              |            |
| <b>Date Assigned:</b> | 04/09/2014   | <b>Date of Injury:</b>       | 03/15/2012 |
| <b>Decision Date:</b> | 05/27/2014   | <b>UR Denial Date:</b>       | 01/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/28/2014 |

### 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 Physical Medicine & 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 23-year-old male with a date of injury of 03/15/2012. According to report dated 12/18/2013, the patient presents with cervical and lumbar spine pain. There is no further physical examination or clinical findings. The treating physician is requesting refill of medication, urine toxicology, referral to a pain specialist, and DME Multi-Stim unit rental. Prior progress report dated 07/10/2013 has the same limited examination and discussion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME MULTI STIM UNIT RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

**Decision rationale:** MTUS guidelines state that neuromuscular electrical stimulation (NMES) devices are not recommended. NMES is used primarily as part of a rehabilitation program following a stroke and there is no evidence to support its use in chronic pain. There are no

intervention trials suggesting benefit from NMES for chronic pain or post surgical care.  
Recommendation is for denial.