

Case Number:	CM14-0031964		
Date Assigned:	06/20/2014	Date of Injury:	03/05/2007
Decision Date:	08/06/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Spine Surgery and is licensed to practice in New York. 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 has a date of injury of March of 2007. The patient has had chronic neck pain. The patient has had previous cervical spine surgery which he continues to have neck pain. The patient's surgeon feels that revision surgery is necessary for possible failure fusion. At issue is whether a muscle stimulator off the shelf is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle Stimulator Off The Shelf: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 9th Edition Web 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: Off-the-shelf muscle stimulator is not medically necessary. MTUS Guidelines indicate that neuromuscular electrical stimulation devices are not recommended for chronic neck pain. These are primarily use as part a rehabilitation program for stroke. In this case, there is no evidence in the patient's medical record to support the use of off-the-shelf muscle stimulator. In addition, the medical literature does not support the use of the stimulator

for chronic pain. Therefore, the request for a muscle Stimulator off the shelf is not medically necessary and appropriate.