

Case Number:	CM14-0035675		
Date Assigned:	06/23/2014	Date of Injury:	06/04/2011
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 Surgery and is licensed to practice in Mississippi. 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 55-year-old female who was reportedly injured on June 4, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 10, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated pain and tenderness in the lumbar musculature at L5 and S1. No muscle spasms were noted. There was slightly decreased lumbar spine range of motion and mildly diminished L5 sensation in the lower extremities on the left greater than the right side. Medications were prescribed, but it was not stated what they were. A request was made for neuromuscular stimulation unit and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular stimulation for shock: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 114-115.

Decision rationale: According to the progress note dated October 24, 2013, there was a plan of treatment including LINT (localized intense neural stimulation therapy) treatment for the back to stimulate and evaluate myofascial symptomatology. The intention of this therapy and its relation to the injured employee's low back pain and stated mechanism of injury was unknown. Additionally, as with the use of a transcutaneous electrical nerve stimulator (TENS) unit, evidence should be provided that other appropriate pain modalities have been tried (including medication) and failed. This has not been stated in the medical record. Therefore, the request for neuromuscular stimulation for shock is not medically necessary and appropriate.