

<b>Case Number:</b>	CM14-0052682		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/13/1998
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 13, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy; and epidural steroid injection therapy. In a utilization review report dated March 20, 2014, the claims administrator denied a request for electrical muscle stimulator, invoking non-MTUS ODG guidelines in its denial. The applicant's attorney subsequently appealed. In a February 24, 2014 handwritten progress note, the applicant was given diagnosis of chronic low back pain, reportedly traumatic, peripheral neuropathy, and urinary incontinence. The applicant stated that his low back pain is reportedly getting worse. An electrical muscle stimulator, epidural steroid injection, and oxybutynin were endorsed. The applicant's work status was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMS X 99 months for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Neuromuscular electrical stimulation (NMES devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 121, Neuromuscular Electrical Simulation topic.

**Decision rationale:** Electrical muscle stimulation represents the form of neuromuscular stimulation (NMES). However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical simulation is not recommended in the chronic pain context, rather, is reserved for the post-stroke rehabilitative context. In this case, however, there is no evidence that the applicant sustained or suffered a stroke. The attending provider did not proffer any compelling applicant-specific rationale, narrative commentary, or medical evidence which would offset the unfavorable MTUS position on electrical muscle stimulation/neuromuscular stimulation in his handwritten progress note. Therefore, the request is not medically necessary.