

<b>Case Number:</b>	CM14-0053301		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	04/16/2014
<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 Family Medicine, and is licensed to practice in North Carolina. 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 38-year-old with a reported date of injury of 09/16/2013. The patient has the past diagnoses of low back pain, lumbar radiculopathy and post lumbar laminectomy syndrome. Past treatment modalities have included physical therapy, acupuncture, chiropractic care, extracorporeal shock wave therapy and epidural steroid injection. Per the most recent progress notes provided for review by the treating physician dated 10/03/2014, the patient had complaints of burning radicular low back pain and muscle spasms. The patient recently had a miscarriage. The pain is constant and rated a5/10. The physical exam noted tenderness in the paralumbar muscles and quadratus lumborum with spasm and sciatic notch tenderness. There was decreased lumbar range of motion with positive tripod sigh, flip test and Lasegue's differential. There was decreased sensation in L4-S1 dermatomes bilaterally as well as decreased muscle strength in L2-S1 myotomes. The treatment plan recommendations included follow up with gynecology for the miscarriage before any medications/interventions would be prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Localized intense neurostimulation therapy for the lumbar spine 1 time for week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on neuromuscular electrical stimulation states; Neuromuscular electrical stimulation (NMES devices) Not recommended. NMES is used primarily as part of a rehabilitation program following 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. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. Per the progress notes, the patient has the diagnoses of lumbar radiculopathy, low back pain and lumbar post-laminectomy syndrome. These are not an indicated use for this therapy per the California MTUS guidelines as outlined above. Thus criteria for the service have not been met. Therefore the request is not medically necessary.