

Case Number:	CM14-0055526		
Date Assigned:	07/09/2014	Date of Injury:	09/05/2013
Decision Date:	08/25/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 and is licensed to practice in Texas and Oklahoma. 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:

This is a patient with a date of injury of September 5, 2013. A utilization review determination dated April 11, 2014 recommends noncertification for a neuromuscular stimulator for low back 3 month rental with electrodes and a conductive garment. A progress report dated March 18, 2014 identifies no subjective complaints. Physical examination findings revealed tenderness with normal sensory and motor examination. Diagnoses include lumbar radiculopathy. The treatment plan recommends continuing medication, continue a home exercise program, continue chiropractic therapy, and request authorization for a muscle stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular stimulator for lower back for 3 months rental, electrodes for lower back for 3 months rental, conductive garment for lower back for purchase: 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 Page(s): 114-121 of 127.

Decision rationale: Regarding the request for neuromuscle stimulator and associated supplies, Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a

rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, the patient is noted to have chronic pain. Guidelines do not support neuromuscular electrical stimulation in chronic pain. As such, the currently requested neuromuscle stimulator and associated supplies are not medically necessary.