MAXIMUS Federal Services

| Case Number: | CM14-0092184 | | |
|---|---|---|---|
| Date Assigned: | 07/25/2014 | Date of Injury: | 02/23/2013 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 06/06/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

## 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 has a subspecialty in Interventional 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 patient is a 25-year-old female with a date of injury of 02/23/2013. According to Doctor's First Report from 04/09/2014, patient has low back pain that radiates to her left leg. It was noted the low back pain has been radiating to the posterior aspect of the left knee associated with numbness and tingling. Examination of the lumbar spine revealed tenderness to palpation with muscle guarding over the paraspinal musculature. Palpation revealed tenderness over the lumbosacral junction, left sciatica notch, and left sacroiliac joint. Straight leg raising test elicits increased low back pain absent radiating leg pain. Yeoman's test and Gaenslen's test are both positive. The physician is requesting authorization for a home electrical muscle stimulation unit, OrthoStim4 unit, to help alleviate muscle pain and spasm. Utilization review denied the request on 06/06/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Electrical Muscle Stimulation Unit (OrthoStim 4 Units):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117, 120-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices Page(s): 121.

**Decision rationale:** This patient presents with low back pain that radiates to the posterior aspect of the left knee associated with numbness and tingling. The physician is requesting OrthoStim4 unit which is a home electrical muscle stimulation unit to alleviate muscle pain and spasm and for the patient to utilize as part of her home therapy program. The MTUS guidelines under NMES devices, page 121 states, 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 OrthoStim is intended for patient following a stroke. In this case, this stimulation unit is not indicated as the patient has not suffered from a recent stroke. Therefore, the request for home electrical muscle stimulation unit (OrthoStim 4 Units) is not medically necessary and appropriate.