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| Case Number: | CM13-0034949 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 05/23/1997 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 10/16/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female who sustained an industrial injury on 5-23-97. A review of the medical records indicates she is undergoing treatment for chronic low back pain residuals of two lumbar surgeries and cervical strain with intermittent radicular symptoms to the left upper extremity. Medical records (7-9-13 and 8-22-13) indicate complaints of neck pain that occasionally radiates to the left upper extremity with tingling and burning, as well as low back pain with altered sensation in the thigh, knee area, and tops of the feet. The 7-9-13 record indicates that the back pain radiates to both buttocks. Back pain is made worse with prolonged bending, sitting, walking, lifting heavy objects, and activities of daily living, including housework, washing dishes, and vacuuming. The injured worker reports that physical therapy, medications, position changes, massaging the affected area, and ice and heat relieve the symptoms. The physical exam (8-22-13) reveals diminished range of motion of the cervical spine. "Mild" tenderness and spasm is noted in the paracervical muscles. Crepitation is heard during range of motion. The lumbar spine exam reveals "moderate" muscle spasm or tightness with diminished range of motion. The straight leg raising test is negative bilaterally. Sensation is noted to be decreased on the top of both feet. Altered sensation is also noted in both anterior lateral thighs and knee areas. Her gait is noted to be "slow" with a flexed forward posture due to back pain. Diagnostic studies have included x-rays of the lumbar spine. Treatment has included physical therapy and medications. The injured worker was provided with a muscle stimulator, which she has "found helpful". The utilization review (9-12-13) includes a request for authorization of the purchase of a muscle stimulator. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of one (1) muscle stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Low Back, Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with low back and neck pain occasionally radiating to the left upper extremity. The current request is for Purchase of one (1) muscle stimulator. The report making the request was not made available. However, the report dated 08/21/2013 (3B) states, Please authorize supplies for muscle stimulator that the patient has already received from [REDACTED] and has been using and found helpful. So please authorize supplies for six months in this regard. The MTUS Guidelines page 121 on neuromuscular electrical stimulation - NMES devices- 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 is no intervention trials suggesting benefit from NMES for chronic pain. Medical records show that the patient has been utilizing this modality since before 07/10/2013. While the physician has noted benefit with its use, it is not supported for the treatment of chronic pain. The current request is not medically necessary.