

<b>Case Number:</b>	CM14-0007027		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	04/18/2008
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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. 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 41 year old female, who sustained an industrial injury on April 18, 2008. The diagnoses have included lumbar disc protrusion at the L5-S1 level with radiculopathy, but normal EMG, status post a partial medical meniscectomy with ACL reconstruction in April 2012, and probable ongoing traumatic arthritis. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of frequent low back pain, and left hip/buttock pain. The Primary Treating Physician's report dated October 31, 2013, noted the injured worker minimally improved with therapy, with the examination specific for mild-to-moderate diffusion of the medial joint line tenderness which was increased with flexion beyond 90 degrees. Palpation of the lumbar spine noted moderate tenderness to spasm, with a positive straight leg raise on the right at 30 degrees. On January 3, 2014, Utilization Review non-certified purchase of a neuromuscular electric stimulation (EMS) unit with supplies, noting that the medical record documentation did not support the request as clinically necessary. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 15, 2014, the injured worker submitted an application for IMR for review of purchase of a neuromuscular electric stimulation (EMS) unit with supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A PURCHASE OF A NEUROMUSCULAR ELECTRIC STIMULATION UNIT WITH SUPPLIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION Page(s): 121.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neuromuscular electric stimulator

**Decision rationale:** Pursuant to the Official Disability Guidelines, neuromuscular electrical stimulation for purchase with supplies is not medically necessary. Neuromuscular electrical stimulation (NMES) is not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. For details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are lumbar disc protrusion at the L5 - S1 level with radiculopathy, but normal EMG; partial medial meniscectomy ACL reconstruction April 2012; and ongoing traumatic arthritis. Subjectively, the injured worker has complaints of back pain. Objectively, the section is illegible. There are no clear references to the knee. Neuromuscular electrical stimulation is not recommended. NMES is primarily used as part of a rehabilitation program following stroke. There is no evidence for its use in chronic pain. NMES is directed at knee symptoms and signs according to the Request for Authorization, however, there is no documentation of knee complaints in the progress note dated December 17, 2013. Consequently, absent clinical documentation pursuant to guideline recommendations, neuromuscular electrical stimulation for purchase with supplies is not medically necessary.