

Case Number:	CM14-0174505		
Date Assigned:	10/27/2014	Date of Injury:	11/16/2012
Decision Date:	01/28/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 58 year old female with an injury date of 11/16/12. Based on the 09/17/14 progress report, the patient complains of back pain rated 5/10 with, and 8/10 without medications that radiates to the left lower extremity. Physical examination on 09/17/14 revealed normal reflex, sensory and power testing to the bilateral lower extremities. Weakness and numbness on the left side at S1. Straight leg raise and bowstring were positive on the left. X-ray of the lumbar spine on 02/03/14 revealed, multilevel spondylosis with discogenic changes and degenerative spondylolisthesis. Diagnosis 09/17/14- Left shoulder strain, improved- Musculoligamentous sprain/strain, lumbar spine. DDD L3-S1- Left L5/S1 HNPTThe utilization review determination being challenged is dated 09/22/14. The rationale is "records available do not give a clear rational necessity for a muscle stimulator unit." Treatment reports were provided from 04/28/14-09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment): Muscle stimulator unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Neuromuscular Electrical Stimulation NMES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices) Page(s): 121.

Decision rationale: The patient presents with back pain rated 5/10 with, and 8/10 without medications that radiates to the left lower extremity. The request is for DME muscle stimulator unit. Patient's diagnosis on 09/17/14 included improved left shoulder strain, musculoligamentous sprain/strain, lumbar spine degenerative disc disease L3-S1, and left L5/S1 herniated nucleus pulposus. Physical examination on 09/17/14 revealed normal reflex, sensory and power testing to the bilateral lower extremities; weakness and numbness on the left side at S1. Straight leg raise and bowstring were positive on the left. X-ray of the lumbar spine on 02/03/14 revealed, multilevel spondylosis with discogenic changes and degenerative spondylolisthesis. 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." According to MTUS guidelines, regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the patient presents with chronic back pain. This type of condition is not indicated per MTUS guidelines for use of muscle stimulator. Review of the records does not show the patient had a stroke. Therefore, the request is not medically necessary.