

Case Number:	CM14-0190317		
Date Assigned:	11/21/2014	Date of Injury:	11/29/2012
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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 31 year old female with an injury date of 11/29/12. Based on the 09/05/14 progress report provided by treating physician, the patient complains of back and bilateral leg pain rated 6-9/10. Patient is status post anterior interbody fusion L4-L5-S1 1997. Patient is undergoing evaluation for adjacent segment syndrome at L3-L4. Physical examination revealed standing range of motion 60 degrees. Seated leg raising test 60 degrees on the right and 80 degrees on the left. Patient is to continue with physical therapy. The provider plans possible epidural steroid injection. Diagnosis/Assessment 09/05/14 is adjacent segment syndrome L3-4 with right paracentral disc spur, radiculopathy, central lateral stenosis, neurogenic pseudo claudication, sclerotic endplates, Modic changes, and axial low back pain; prior L4-L5-S1 fusion performed via anterior approach in 1997 and history of complex right ankle fracture status post-surgery and lateral incision with some residual diminished ankle range of motion and diminished sensory loss on the right lateral ankle and foot. The utilization review determination being challenged is dated 11/03/14. Treatment reports were provided from 06/30/14 - 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizontal Hako Med treatment x 5 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 and bilateral leg pain rated 6-9/10. The request is for Horizontal Hako Med Treatment x 5 Sessions. Patient is status post anterior interbody fusion L4-L5-S1 1997. Patient is undergoing evaluation for adjacent segment syndrome at L3-L4. Patient has history of complex right ankle fracture status post-surgery and lateral incision with some residual diminished ankle range of motion and diminished sensory loss on the right lateral ankle and foot. Physical examination on 09/05/14 revealed standing range of motion 60 degrees. Seated leg raising test 60 degrees on the right and 80 degrees on the left. Patient is to continue with physical therapy. MTUS Guidelines, page 121, Chronic Pain Medical Treatment Guidelines: 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 are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997)" The provider has not provided reason for the request, nor indicated what body part will be treated. MTUS does not recommend neuromuscular electrical stimulation for patient's given symptoms. The request is not medically necessary.