

<b>Case Number:</b>	CM14-0192856		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	04/06/1995
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 68 year-old female. The patient's date of injury is 4/6/1995. The mechanism of injury is not stated in the documents. The patient has been diagnosed with lumbosacral radiculitis, spondylolisthesis, close fracture of the sacrum and coccyx, and abnormal gait. The patient's treatments have included surgical intervention, orthosis, physical therapy, and medications. The physical exam findings dated 10/10/2014 shows the patient is alert and oriented x 3, no apparent distress. The left knee shows a well-healed incision, pain with range of motion and crepitus. Patellar maltracking is noted, with stability in varus and valgus stress testing. The patient is also noted with a foot drop. The patient's medications have included, but are not limited to, Ambien, Cymbalta, Aldactone, Lasix, Lyrica, Effexor, Acyclovir, Darvon, Flexeril, Nexium, Pepcid, Reglan, Miralax, Omega 3, Levothyroxine, Remeron, Zyrtec, Nasonex, Dilaudid and Morphine. The request is for a Biometric NMES unit for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biometric NMES Unit for lumbar spine:** Overturned

**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/LowBack; table 2>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biometric NMES unit for the lumbar spine TENS, chronic pain (transcutaneous electrical nerve st.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for NMES unit. MTUS guidelines state not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. According to the clinical documentation provided and current MTUS guidelines; A NMES unit is indicated as a medical necessity to the patient at this time, under neuropathic pain.