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| Case Number: | CM14-0193330 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 11/11/2013 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 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 Occupational Medicine 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 applicant is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 11, 2013. In a Utilization Review Report dated November 13, 2014, the claims administrator denied a neuromuscular electrical stimulator. The claims administrator stated that its decision was based on a progress note dated October 30, 2014. The claims administrator noted that the applicant had a history of prior lumbar spine surgery and was on Norco, Motrin, and Flector. The applicant's attorney subsequently appealed. In said October 30, 2014 progress note, the applicant reported 9/10 low back pain. The applicant stated that his pain was preventing and interfering with his ability to perform various activities of daily living. The applicant's BMI was 30. The applicant was off of work and receiving disability benefits in addition to workers' compensation indemnity benefits, it was stated. The applicant had reportedly failed Norco and is currently taking Motrin. Moderate-to-severe low back pain was appreciated despite earlier epidural steroid injection therapy. Effexor was endorsed. The applicant was asked to continue indefinite usage of an interferential stimulator device, which the applicant had seemingly previously employed. In another section of the note, the applicant was asked to continue Norco. The note was very difficult to follow and mingled historical issues and/or historical medications with current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RS 41 IF/NMES Home Stim Unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee & Leg (Acute & Chronic) (updated 08/25/14)

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

Decision rationale: No, proposed interferential unit - NMES unit was not medically necessary, medically appropriate, or indicated here. As noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation, one of the articles in the device at issue, is "not recommended" in the chronic pain context present here. Rather NMES, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, should be reserved for the post-stroke rehabilitative context. The request, thus, is at odds with page 121 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 120 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that usage of and/or purchase of an interferential stimulator beyond the initial one-month trial should be predicated on evidence of a favorable outcome during the said one-month trial, in terms of both pain relief and function. In this case, however, the applicant is off of work. The applicant is receiving both workers' compensation indemnity benefits and disability insurance benefits, the attending provider has posited. The applicant remains dependent on various and sundry analgesic and adjuvant medications such as Effexor and Norco. 9/10 pain was reported on October 30, 2014, despite previous usage of the interferential stimulator-neuromuscular electrical stimulator amalgam. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior usage of the same. Since both the inferential stimulator and neuromuscular electrical stimulator components of the amalgam are not recommended, the entire amalgam is not recommended. Therefore, the request is not medically necessary.