

Case Number:	CM14-0201981		
Date Assigned:	12/12/2014	Date of Injury:	05/19/2006
Decision Date:	03/16/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male, who sustained an industrial injury on May 19, 2006. He has reported lower back pain. His diagnoses include lumbar sprain/strain, lumbar degenerative disc disease, and neuritis or radiculitis of the lumbosacral or thoracic. He has been treated with topical and oral pain, anti-epilepsy, non-steroidal anti-inflammatory, and muscle relaxant medications; magnetic resonance imaging, electrodiagnostic studies, TENS (transcutaneous electrical nerve stimulation), work modifications, and acupuncture. The records refer to a prior course of chiropractic therapy, but do not provide specific dates or results. On October 28, 2014, his treating physician reports persistent bilateral leg pain in the calves and shins, which causes inability to walk around the block. The injured worker was using the TENS (transcutaneous electrical nerve stimulation) unit at once a day at bedtime with some relief. On November 5, 2014 Utilization Review non-certified a request for Neuromuscular rehabilitation machine treatments for the lumbar spine Qty: 6, noting the guidelines do not recommend electrical stimulation as an isolated therapeutic modality, the lack of documentation of functional improvement that resulted from any previous use, and the injured worker currently use a TENS (transcutaneous electrical nerve stimulation) unit. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro Muscular Rehabilitation Machine treatment for the lumbar QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: According to the 10/28/2014 report, this patient presents with a 2/10 low back pain and pain the bilateral calves and shins. The current request is for Neuro Muscular Rehabilitation Machine treatment for lumbar QTY: 6.00. The patient's work status is remain off work until 11/28/2014. Regarding Neuromuscular electrical stimulation, MTUS does not support neuromuscular stimulator (NMES) except for stroke rehabilitation. This patient presents with low back pain for which this unit is not indicated. The request IS NOT medically necessary.