

<b>Case Number:</b>	CM14-0208697		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 & Rehabn

### 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 27 year old female with an injury date of 05/28/14. Based on the 08/04/14 progress report provided by treating physician, the patient complains of lumbar strain. Physical examination to the lumbar spine revealed mild myospasm and mild tenderness to palpation to the left paravertebral muscles. Range of motion was diminished secondary to pain. The patient is prescribed Ultracet. Patient is not working and remains temporarily totally disabled. Physical therapy notes from 06/02/14 - 06/13/14 showed 6 sessions were attended. Diagnosis 08/04/14- lumbar strain The utilization review determination being challenged is dated 11/18/14. Treatment reports were provided from 05/28/14. 08/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IF/NMES Home stimulation unit rental for 1 month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS), Neuromuscular electrical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES devices) Pa.

**Decision rationale:** The patient presents with lumbar strain. The request is for IF/NMES HOME STIMULATION UNIT RENTAL FOR 1 MONTH. Physical examination to the lumbar spine on 08/04/14 revealed mild myospasm and mild tenderness to palpation to the left paravertebral muscles. Range of motion was diminished secondary to pain. The patient is prescribed Ultracet. Physical therapy notes from 06/02/14 - 06/13/14 showed 6 sessions were attended. Patient is not working and remains temporarily totally disabled. MTUS (p118-120) states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) MTUS Guidelines, page 121, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Neuromuscular electrical stimulation (NMES devices) states: "Neuromuscular electrical stimulation: 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)" Treater has not discussed reason for the request, nor how the device will be used. The reports show the requested treatment is not intended as an isolated intervention as the patient takes Ultracet and physical therapy notes were submitted. With regards to interferential unit, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions or unresponsiveness to conservative measures. Furthermore, there is no evidence to support use of NMES for chronic pain. The request does not meet guideline recommendations, therefore rental of IF/NMES unit IS NOT medically necessary.