

<b>Case Number:</b>	CM14-0040171		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 49 year old female who sustained an industrial injury on 10-02-2013. Mechanism of injury was a motor vehicle accident. Diagnoses include cervical sprain-strain, lumbar sprain-strain, right knee sprain-strain and right ankle sprain-strain. Treatment to date has included diagnostic studies, medications, activity modification, use of heat and cold, and acupuncture. A Magnetic Resonance Imaging of the lumbar spine done on 11-27-2013 showed multiple levels of disc desiccation and protrusion with stenosis. A physician progress note dated 02-01-2014 documents the injured worker complains of intermittent low back pain that is sharp. She has difficulty sleeping due to the pain. On examination there is +3 tenderness to palpation of the lumbar paraspinal muscles bilaterally and spasms bilaterally to the lumbar spine. Kemp's causes pain. Range of motion is restricted and painful. She has occasional mild dull neck pain, and cervical range of motion is restricted. She has tenderness to palpation of the cervical paraspinal muscles. Her right knee is tender to palpation of the anterior portion. She has decreased range of motion in extension and flexion. Treatment requested is for localized intense neurostimulation therapy 1 time per week for 6 weeks lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Localized Intense Neurostimulation Therapy 1 time per week for 6 weeks lumbar spine:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, (updated 02/13/2014) Hyperstimulation therapy.

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

**Decision rationale:** Based on the 2/1/14 progress report provided by the treating physician, this patient presents with occasional, mild, dull neck pain, along with intermittent, sharp lumbar pain, and moderate right knee/ankle pain aggravated by prolonged walking. The treater has asked for localized intense neurostimulation therapy 1 time per week for 6 weeks lumbar spine but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient does not have a history of surgeries per review of reports. The patient has not had neurostimulation therapy per review of reports. The patient ambulates without any assistive devices per 2/12/14 report. The patient's work status is not included in provided documentation. MTUS, Neuromuscular electrical stimulation (NMES devices) section, p121: 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) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal-cord-injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005) The treater does not discuss this request in the reports provided. Patient has failed conservative therapies including physical therapy, and medications. The treater has requested 6 sessions of neurostimulation therapy. MTUS recommends neuromuscular electrical stimulation as part of rehabilitative treatment program for stroke, but it is not indicated for chronic pain. Therefore, the request IS NOT medically necessary.