

<b>Case Number:</b>	CM14-0041230		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/30/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	03/13/2014
<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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 61 year old male with an injury date on 1/30/11. The patient complains of cervical pain, low lumbar pain, and bilateral shoulder pain per 12/4/13 report. Prior physical therapy and medication has provided some benefit per 12/4/13 report. The patient's back pain is rated 7/10 with bilateral leg radiation rated 6/10 per 11/13/13 report. The patient has hypertension, borderline diabetes, and has tried to lose weight unsuccessfully per 11/13/13 report. Based on the 11/13/13 progress report provided by the treating physician, the diagnoses are: 1. Lower back pain, L2-5 small herniated discs, and mild stenosis 2. Right shoulder impingement, intrasubstance supraspinatus tear, labral tear 3. Left shoulder full thickness supraspinatus rotator cuff tear, impingement syndrome with down-sloping acromion and possible labral tear a physical exam on 11/13/13 showed "L-spine range of motion is decreased. Shoulder exam reveals flexion to 130 degrees, bilaterally. Straight leg raise is negative bilaterally." The patient's treatment history includes medications, physical therapy, and acupuncture. The treating physician is requesting retro durable medical equipment neuromuscular stimulator purchase. The utilization review determination being challenged is dated 3/13/14. The requesting physician provided treatment reports from 9/11/13 to 12/4/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Durable Medical Equipment Neuromuscular Stimulator Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient presents with neck pain, lower back pain, and bilateral shoulder pain. The provider has asked for retro Durable Medical Equipment Neuromuscular Stimulator purchase but the requesting progress report is not included in the provided documentation. Regarding neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the patient presents with pain in the neck, back, and bilateral shoulders which is not indicated per MTUS guidelines for use of muscle stimulator. Review of records shows the patient does not have a history of stroke. The request is not medically necessary.