

Case Number:	CM14-0095543		
Date Assigned:	07/25/2014	Date of Injury:	01/24/2014
Decision Date:	02/18/2015	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 56 year old male with a work injury dated 1/24/14. The diagnoses include thoracic spine musculoligamentous sprain/strain. Under consideration is a request for a home electric muscle stimulation unit. Per a 3/20/14 progress note the patient complains of constant mid back pain which is sharp at times made worse by bending, turning, lifting, prolonged standing or sitting. The thoracic spine reveals normal symmetry and contours. There is tenderness to palpation with muscle guarding present over the bilateral mid thoracic paravertebral musculature right side greater than left over T5-T9 spinal levels. The range of motion is decreased. There is an antalgic shift to the right with thoracic flexion. The treatment plan is chiropractic therapy, a repair or replacement of the home electrical stimulation unit which the patient reports he received for a previous work related injury but it is not working properly. Also there is a request for Norflex, Ultram, Naproxen. The patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Electric Muscle Stimulation Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (chronic pain) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 21.

Decision rationale: Home electric muscle stimulation unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that neuromuscular electrical stimulation (NMES) is 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. The documentation does not indicate that the patient's condition is due to a stroke. Therefore, the request for home electric muscle stimulation unit is not medically necessary.