

<b>Case Number:</b>	CM15-0107130		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old male, who sustained an industrial injury on 5/13/2014. The current diagnoses are right impingement syndrome, lumbosacral sprain/strain, and lumbar radiculopathy. According to the progress report dated 4/29/2015, the injured worker complains of frequent, stabbing low back with radiation into the right lower extremity. Additionally, he reports right shoulder pain. The pain is describes as constant, burning, and stabbing. The level of pain is not rated. The current medications are Tramadol, Naproxen, and Omeprazole. Treatment to date has included medication management, modified activity, x-rays, MRI studies, physical therapy, and injections. The plan of care includes 5 electrical stimulation/neuromuscular re-education sessions for the low back and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electrical stimulation, low back and right shoulder per 4/29/15 order Qty: 5.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), p121.

**Decision rationale:** The claimant sustained a work-related injury in May 2014 and continues to be treated for right shoulder and radiating low back pain. When seen, no physical examination findings were reported. Neuromuscular electrical stimulation (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. Use of an NMES device is not recommended. There is no evidence to support its use in chronic pain. Therefore the requested unit was not medically necessary.

**Neuromuscular reeducation, low back and right shoulder per 4/29/15 order Qty: 5.00:**  
Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Manual therapy.

**Decision rationale:** The claimant sustained a work-related injury in May 2014 and continues to be treated for right shoulder and radiating low back pain. When seen, no physical examination findings were reported. The most commonly used active treatment modality is therapeutic exercise but other active therapies may be recommended as well, including neuromuscular reeducation, manual therapy, and therapeutic activities/exercises. However, in this case, there are no reported physical examination findings that indicate the presence of ongoing impairment such as weakness or abnormal range of motion. Therefore the request cannot be considered as medically necessary.