

Case Number:	CM15-0134894		
Date Assigned:	07/23/2015	Date of Injury:	04/15/2013
Decision Date:	08/19/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/13/2015

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 58-year-old female, who sustained an industrial injury on 4/15/13. She reported low back pain. The injured worker was diagnosed as having lumbar disc displacement, lumbosacral neuritis, and vertebral segmental joint dysfunction of the lumbar region. Treatment to date has included a Toradol injection and medication. Currently, the injured worker complains of mild neck pain, back pain, and leg pain. The treating physician requested authorization for an EMS unit with stimulator pads (indefinite use) #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS unit with stimulator pads (indefinite use) Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), p121 Page(s): 121.

Decision rationale: The claimant sustained a work-related injury in April 2013 and continues to be treated for radiating low back pain. When seen, she was having radiating left leg pain when

experiencing flare-ups. There was lumbar paraspinal muscle swelling and spasms. There was decreased lumbar range of motion. There was lumbar and sacroiliac tenderness which was severe. 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. The requested unit for indefinite use was not medically necessary.