MAXIMUS Federal Services

Case Number:	CM15-0144505		
Date Assigned:	08/07/2015	Date of Injury:	06/02/2010
Decision Date:	09/10/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 22, 2014. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for back conductive garment and an associated mist spray. The claims administrator referenced an April 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant reported ongoing complaints of low back pain with radiation of pain to bilateral lower extremities. The applicant was status post an epidural steroid injection, it was acknowledged. The applicant was given a 20-pound lifting limitation. The attending provider acknowledged that the applicant was working with said limitation in place. The note was difficult to follow, handwritten, not entirely legible, and did not set forth a clear or compelling case for the conductive garment in question. On May 23, 2015, the applicant pain management physician sought authorization for repeat epidural steroid injection. On May 22, 2015, the applicant was using Norco, Robaxin, and Voltaren for pain relief. The attending provider noted that the applicant had 7/10 pain without medication versus 3/10 pain with medications. In an April 8, 2015 progress note, difficult to follow, not entirely legible, the attending provider sought authorization for a conductive garment in conjunction with the applicant's home electrical muscle stimulator on the grounds that the applicant had difficulty placing electrodes on the lumbar spine without said conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for ultimate back conductive garment DOS: 5/21/15: 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: No, the request for a conductive garment for the back was not medically necessary, medically appropriate, or indicated here. The attending provider's handwritten progress note of April 8, 2015 seemingly stated that the request represented a request for a conductive garment in conjunction with usage of an electrical muscle stimulator (EMS) device. Page 121 of the MTUS Chronic Pain Medical Treatment Guideline notes, however, that neuromuscular electrical stimulation or NMES is not recommended outside of the post-stroke rehabilitation context. NMES is not recommended in the chronic pain context present here, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines explicitly notes. Thus, the request for an associated conductive garment to deliver neuromuscular electrical stimulation/ electrical muscle stimulation was likewise not indicated. Therefore, the request was not medically necessary.

Retrospective request for conductive mist spray DOS: 5/21/15: 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: Similarly, the request for an associated mist spray was likewise not medically necessary, medically appropriate, or indicated here. The request in question appeared to represent a request for a mist spray intended to deliver neuromuscular electrical stimulation/ electrical muscle stimulation. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that neuromuscular electrical stimulation or NMES is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Thus, the request for a mist spray to facilitate delivery of neuromuscular electrical stimulation/electrical muscle stimulation was not indicated. Therefore, the request was not medically necessary.