

<b>Case Number:</b>	CM15-0160531		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California

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 (IW) is a 58 year old male who sustained an industrial injury on 06/30/2011. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Cervicalgia; Lumbago; Carpal tunnel. Treatment to date has included lumbar epidural steroid injections, oral medications, and treatment with a pain management specialist. Currently, the injured worker complains of constant pain in the cervical spine aggravated by repetitive motions of the neck, and rated a 7 on a scale of 1-10 and constant pain in the low back that is aggravated by bending, lifting, twisting, pushing pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain is characterized as sharp with radiation of pain into the lower extremities. The pain is improving since his 3 lumbar epidural steroid injections. On a scale of 1-10, the pain is now a 5. On examination of the cervical spine, the worker has palpable paravertebral muscle tenderness with spasm and a positive axial loading test. Range of motion is limited with pain. On examination of the lumbar spine, there is palpable muscle tenderness with spasm. His seated nerve root test is positive, and standing flexion and extension are guarded and restricted. Circulation in the lower extremities is full, coordination and balance are intact. The plan of care is for refills of his oral medication and use of a Muscle Stimulator. A request for authorization was submitted for a Muscle Stimulator purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Muscle stimulator purchase:** Upheld

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

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

**Decision rationale:** With regard to the request for electrical stimulation, the Chronic Pain Medical Treatment Guidelines on page 121 state the following regarding Neuromuscular Electrical Stimulation (NMES) Devices: "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. There are no intervention trials suggesting benefit from NMES for chronic pain." (Moore, 1997) (Gaines, 2004) In this worker, the use of electrical stimulation is being proposed for musculoskeletal type pain. The guidelines recommend this as an option in spasticity of neurogenic origin such as following a stroke. Given the guidelines, this request is not medically necessary.