MAXIMUS Federal Services

Case Number:	CM15-0020791		
Date Assigned:	02/10/2015	Date of Injury:	07/20/2009
Decision Date:	04/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/04/2015

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

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 64year old female, who sustained a work/ industrial injury on 7/20/09. The mechanism of injury was not noted. She has reported symptoms of upper and lower back pain, left shoulder pain. Prior medical history includes a lumbar laminectomy. The diagnoses have included adhesive capsulitis of shoulder, sprain/strain shoulder and upper arm, lumbar intervertebral disc syndrome. Treatments to date included medications, diagnostics, and Transcutaneous Electrical Nerve Stimulation (TENS). Diagnostics included a Magnetic Resonance Imaging (MRI) from 9/6/13 that reported small 2 mm extradural defects at T10-T12 level, L2-3 posterior ligament and facet hypertrophy changes, no significant extradural defects seen, and at L3-4, a 3-4 mm disc protrusion to extend neuroforaminal exit zones, posterior ligament facet hypertrophy, hypertrophic changes, and bilateral neuroforaminal exit zone compromise is seen without spinal stenosis. There was disc protrusion at L4-5 and L5-S1. Exam noted positive tenderness at left paraspinal muscles, limp with walking, and limited range of motion. Straight leg raise was positive on left, Lesegue's test was positive, bilaterally, and Faberge test was positive, bilaterally. A request was made for a Neurostimulator. On 2/3/15, Utilization Review non-certified a Neurostimulator rental (8 months) Qty 8.00, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator rental (months) Qty 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy and Criteria for the use of TENS Page(s): 114-121. Decision based on Non-MTUS Citation ODG Guidelines Low back chapter.

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

Decision rationale: This patient presents with pain and weakness in her shoulder and lower back. The patient is s/p lumbar laminectomy and the date of surgery is not known. The request is for NEUROSTIMULATOR RENTAL FOR 8 MONTHS. The two hand-written reports provided by the treater contain very little information regarding the patient's condition, treatment history, medication, etc,. Per MTUS guidelines page121, "Neuromuscular electrical stimulator NMES devices 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." MTUS guidelines do not support NMES. Therefore, the request IS NOT medically necessary.