

Case Number:	CM15-0041857		
Date Assigned:	03/12/2015	Date of Injury:	04/06/2007
Decision Date:	04/21/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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 injured worker is a 61-year-old female, with a reported date of injury of 04/06/2007. The diagnoses include status post C5-6 anterior discectomy and fusion, myoligamentous strain of the thoracic spine, myoligamentous strain of the lumbar spine with radicular symptoms to the left lower extremity, status post posterolateral interbody fusion at L2-3, L3-4, L4-5, and L4-S1, interbody cage placement at L2-3, L3-4, L5-S1 and bilateral L2-3, L3-4, L4-5, and L5-S1 laminectomy, status post revision instrumentation from L2-S1 and revision laminectomy at left L2-S1, left lower extremity foot drop, post laminectomy with myelopathy, postlaminectomy syndrome of the lumbar spine, lumbar disc displacement at L4-5, myospasm, and cervical dystonia. Treatments to date have included an MRI of the cervical spine, an MRI of the lumbar spine, physical therapy, a walker, a back brace, oral medications, a nerve stimulator, ice treatment, heat treatment, facet joint injection, epidural steroid injection, chiropractic treatment, acupuncture, traction, aquatic physical therapy, and trigger point injection. The medical report dated 02/09/2015 indicates that the injured worker stated that her low back pain was slightly increased and ranged between 0-6 out of 10. She also stated that her left knee pain had increased as well, and reported unchanged pain in the right leg and decreased pain in the left hip. The physical examination showed no abnormal curvature of the lumbar spine, tenderness to palpation over the right sacroiliac joint and left sacroiliac joint, and negative seated straight leg raise test. The treating physician requested one neuromuscular electrical stimulator unit. The rationale for the request was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neuromuscular electrical stimulator unit: Upheld

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Neuromuscular electrical stimulators (NMES).

Decision rationale: The Official Disability Guidelines do not recommend neuromuscular electrical stimulation except for spinal cord injured patients. Not recommended except for specific criteria below. Neuromuscular electrical stimulators (NMES) are small electronic devices that are affixed externally by the patient to the skin by the way of electrodes. There are two types of NMES. One type of device stimulates muscle to maintain muscle tone during temporary extremity immobilization. The other type of NMES is used to enhance the ability to walk in spinal cord injured (SCI) patients by emitting electrical impulses to stimulate paralyzed or weak muscles in a specific order. NMES differ from transcutaneous electrical nerve stimulation (TENS) units, which are used for pain management therapy. Criteria for the use of neuromuscular electrical stimulators: Spinal cord injured (SCI) patients that meet ALL of the following criteria: Intact lower motor units (L1 and below) (both muscle and peripheral nerve). Muscle and joint stability for weight bearing at upper and lower extremities that can demonstrate balance and control to maintain an upright support posture independently. Able to demonstrate brisk muscle contraction to NMES and have sensory perception of electrical stimulation sufficient for muscle contraction. Possess high motivation, commitment and cognitive ability to use such devices for walking. Have demonstrated a willingness to use the device long-term. Ability to transfer independently and can demonstrate independent standing tolerance for at least three minutes. Ability to demonstrate hand and finger function to manipulate controls. Having at least six-month post recovery spinal cord injury and restorative surgery. No hip and knee degenerative disease and no history of long bone fracture secondary to osteoporosis. 1 Neuromuscular electrical stimulator unit is not medically necessary.