

Case Number:	CM15-0042209		
Date Assigned:	03/12/2015	Date of Injury:	07/26/2009
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
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: 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 55 year old female, who sustained an industrial injury on July 26, 2009. She reported head trauma and injuries of her low back, mid back, and bilateral lower extremities. The injured worker was diagnosed as having lumbar radiculopathy, post-lumbar laminectomy syndrome, hip bursitis, disorder of coccyx, cervical strain, pain disorder with both psychological factors and an orthopedic condition, and status post fusion of lumbar 5-sacral 1. Treatment to date has included electrodiagnostic studies, x-rays, MRI, physical therapy, chiropractic therapy, acupuncture, sacroiliac injection, home transcutaneous electrical nerve stimulation (TENS) unit, inversion table, neck traction, ice, rest, a functional restoration program, and medications including oral pain, topical pain, muscle relaxant, antidepressant, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. On February 20, 2015, the injured worker complains of low back pain with tingling, numbness and shooting pain in the bilateral lower extremities, greater on the left than the right. She reports having a foot drop and a brace for walking was recently prescribed. She walks with a cane and the use of a walker has been recommended. The treating physician notes that she has benefited from the use of a neuromuscular electrical stimulation (NMES) unit to strengthen her left leg. The unit was used in conjunction with supervised active exercises while at the functional restoration program and home exercise education was provided. The treatment plan includes continued use of a neuromuscular electrical stimulation (NMES) unit at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular Electrical Stimulation (NMES) unit quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulator-NMES devices Page(s): 114-121.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The patient is s/p L5-S1 TPLIF in July 2012. The request is for neuromuscular electrical stimulator (NMES) unit x1. The patient has had physical therapy, acupuncture, injections, Tens unit, functional restoration program, medications in the past. The patient's work status is unknown. Per MTUS guidelines page 121, "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." In this case, the treater does not explain why NMES is requested. MTUS guidelines do not support NMES for chronic pain. Therefore, the request is not medically necessary.