

<b>Case Number:</b>	CM15-0053172		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	07/26/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Illinois

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:

This 56 year old female sustained an industrial injury to the neck head, left shoulder and back on 7/26/09. Previous treatment included magnetic resonance imaging, x-rays, physical therapy, medication trials, injections, chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit and lumbar fusion. The injured worker was discharged from a functional restoration program on 2/20/15. The injured worker trialed a NMES unit during the program. The injured worker reported that the unit had been useful in assisting her to strengthen her left leg, which had muscle and nerve damage. Upon discharge, the injured worker was independent in her home exercise and planning to return to full time employment. At the time of discharge, the injured worker complained of pain to the low back and bilateral lower extremities, rated 7-8/10 on the visual analog scale with lower extremity tingling and numbness. The injured worker had foot drop and required a brace and a cane for walking. Current diagnoses included lumbar radiculopathy, post-lumbar laminectomy syndrome, disorder of coccyx, cervical spine sprain/strain, hip bursitis and pain disorder with both psychological factors and an orthopedic condition. The treatment plan included medications (Neurontin, Tylenol, Omeprazole, Etodolac and Ducodyl EC) and a permanent NMES unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Permanent NMES unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

**Decision rationale:** The injured worker sustained a work related injury on to the 7/26/09. The medical records provided indicate the diagnosis of lumbar radiculopathy, post-lumbar laminectomy syndrome, disorder of coccyx, cervical spine sprain/strain, hip bursitis and pain disorder with both psychological factors and an orthopedic condition. Treatments have included physical therapy, medication trials, injections, chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit and lumbar fusion. The medical records provided for review do not indicate a medical necessity for Permanent NMES unit. The MTUS does not recommend the use of neuromuscular electrical stimulation (NMES devices) except as part of a rehabilitation program following stroke; additionally, the MTUS states there is no evidence to support its use in chronic pain.