

<b>Case Number:</b>	CM15-0062390		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of May 20, 2012. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve requests for an electrical muscle stimulator, back brace, and unspecified amounts of chiropractic manipulative therapy. A RFA form received on March 2, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 6, 2015, difficult to follow, not entirely legible, it was acknowledged that the applicant was not working owing to ongoing complaints of neck and low back pain. The applicant was using Norco, Neurontin, and Norflex for pain relief. It was acknowledged that Norco was not, in fact, working. A lumbar support, an interferential unit, and additional chiropractic manipulative therapy were endorsed, along with hot and cold wraps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Electric muscle stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Criteria for the use of TENS Page(s): 121; 116.

**Decision rationale:** No, the request for an electrical muscle stimulator was not medically necessary, medically appropriate, or indicated here. The electrical muscle stimulator device at issue is a form of neuromuscular electrical stimulator or NMES, which, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended in the chronic pain context present here but rather, should be reserved for the post-stroke rehabilitative context. Here, there was no evidence that the applicant had in fact sustained a stroke. Similarly, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that a request to purchase a transcutaneous electrotherapy device should be predicated on evidence of a favorable outcome following an initial one-month trial of said device. Here, however, the attending provider seemingly sought authorization to purchase the device, without having the applicant first to undergo one-month trial of the same. Therefore, the request was not medically necessary.

**1 Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Similarly, the request for a back brace (AKA lumbar support) was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, January 6, 2015, following an industrial injury of May 20, 2012. Introduction, selection, and/or ongoing usage of the lumbar support were not, thus, indicated at this late stage in the course of the claim, per ACOEM. Therefore, the request was not medically necessary.

**Unknown Chiropractic care sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

**Decision rationale:** Finally, the request for unspecified amounts of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24

sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work, in this case, however, the applicant was off of work, it was acknowledged on the January 6, 2015 progress note on which additional chiropractic manipulative therapy was proposed. Therefore, the request was not medically necessary.