

Case Number:	CM15-0082263		
Date Assigned:	05/04/2015	Date of Injury:	11/03/2014
Decision Date:	06/03/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 58-year-old male who sustained an industrial injury on 11/03/14. Injury occurred when he was working as an LVN and pulled a patient up in bed from the side, with onset of low back and leg pain. Past medical history was positive for hypertension and diabetes. The 1/19/15 lumbar spine MRI impression documented mild degenerative changes in the lumbar spine, greatest at L5/S1, where there was mild bilateral neuroforaminal narrowing. The 4/8/15 treating physician report cited continued low back pain with increasing left leg pain and bilateral S1 numbness and weakness. Pain was grade 5-6/10 with medications and grade 8-9/10 without medications. Current medications were listed as Tramadol ER, Naproxen, cyclobenzaprine and pantoprazole. Physical exam documented lumbar paravertebral muscle tenderness and spasms, decreased bilateral Achilles reflexes, and positive straight leg raise. The treatment plan included anterior lumbar arthrodesis with discectomy at L5/S1, co-surgeon, lumbosacral orthosis, 7-day rental of a Polar care unit, and bone stimulator. A muscle stimulator was requested for muscle reeducation. The 4/16/15 utilization review certified requests for anterior lumbar arthrodesis with discectomy at L5/S1, co-surgeon, lumbosacral orthosis, 7-day rental of a Polar care unit, and bone stimulator. The associated request for a muscle stimulator was non-certified as there was no indication of medical necessity for the post-operative use of a muscle stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator: 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 Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The California MTUS guidelines for transcutaneous electrotherapy do not recommend the use of neuromuscular electrical stimulation (NMES) or galvanic stimulation. NMES is primarily used as part of a post-stroke rehabilitation program. Galvanic stimulation is considered investigational for all indications. Guidelines support limited use of TENS unit in the post-operative period for up to 30 days for pain management. Interferential current may be supported for post-operative pain if pain is ineffectively controlled due to diminished effectiveness of medications or medication intolerance. Guideline criteria have not been met. There is no guideline support for the use of muscle stimulation following lumbar fusion. The specific form of electrical stimulation has not been documented. There is no indication that standard post-op pain management would be insufficient. There is no documentation that the patient was intolerant or unresponsive to pain medications during the pre-operative period. Therefore, this request is not medically necessary.