

<b>Case Number:</b>	CM14-0162266		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 case involves a 65 year old with an injury date on 10/15/09. The patient complains of increasing low lumbar pain radiating into bilateral lower extremities, rated 7/10 per 9/4/13 report. The patient states there are frequent lumbar spasms bilaterally, and numbness in the left foot, per 9/4/13 report. The patient states coughing/sneezing increases the pain, the Sprix relieves leg pain in the morning and Nucynta is helpful with back pain, per 9/4/13 report. Based on the 9/4/13 progress report the current diagnoses are lumbar discogenic disease; lumbar radiculitis; and lumbar facet syndrome. The exam on 9/4/13 showed lumbar spine range of motion reduced in both planes and it was noted too be painful. The straight leg raise painful at 90 degrees bilaterally and antalgic gait was noted. The patient's treatment history includes cardiac stent placement with angioplasty. The doctor is requesting a neuromuscular stimulator electronic shock unit and supplies, and retro: neuromuscular stimulator electronic shock unit and supplies. The utilization review determination being challenged is dated 10/2/14. Treatment reports provided are from 6/5/13 to 11/7/13. 1. lumbar discogenic disease 2. lumbar radiculitis 3. lumbar facet syndrome Exam on 9/4/13 showed "L-spine range of motion reduced in both planes, and painful. Straight leg raise painful at 90 degrees bilaterally. Antalgic gait." Patient's treatment history includes cardiac stent placement with angioplasty. [REDACTED] is requesting E0745 neuromuscular stimulator electronic shock unit and supplies, and retro: E0745 neuromuscular stimulator electronic shock unit and supplies. The utilization review determination being challenged is dated 10/2/14. [REDACTED] is the requesting provider, and he provided treatment reports from 6/5/13 to 11/7/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**E0745 Neuromuscular stimulator electronic shock unit and supplies: Upheld**

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

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

**Decision rationale:** This patient presents with lower back pain and bilateral leg pain. The treater has asked for E0745 neuromuscular stimulator electronic shock unit and supplies. Regarding the neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case, the patient presents with chronic radicular back pain which is not indicated per MTUS guidelines for use of muscle stimulator. Therefore, this request is not medically necessary.

**RETRO: E0745 Neuromuscular stimulator electronic shock unit and supplies: Upheld**

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

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

**Decision rationale:** This patient presents with lower back pain and bilateral leg pain. The treater has asked for retro: E0745 neuromuscular stimulator electronic shock unit and supplies. Regarding the neuromuscular electrical stimulation, MTUS recommends as part of rehabilitative treatment program for stroke, but not indicated for chronic pain. In this case patient's chronic radicular back pain is not indicated per MTUS guidelines for use of muscle stimulator. Therefore, this request is not medically necessary.