

Case Number:	CM14-0182961		
Date Assigned:	11/07/2014	Date of Injury:	04/29/2012
Decision Date:	12/11/2014	UR Denial Date:	10/26/2014
Priority:	Standard	Application Received:	11/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The patient is a 55-year-old male presenting with chronic work-related injury on April 29, 2012. The patient is status post L3 - L4 and L4 - L5 fusion on June 10, 2013. The patient complained of paresthesia in the lower extremity and weakness leg. The patient's medications include Norco, Neurontin and Duragesic. The physical exam was significant for tenderness to lumbar spine well-healed scar, limited range of motion on flexion, extension; 4-/5 strength in dorsiflexion bilaterally especially on the left side, decreased sensation L4 - L5 distribution with hyperesthesia of the lower extremity. The patient was diagnosed with status post L3 through L5 fusion, lumbar radiculitis, post fusion syndrome neuropathic pain and lumbar radiculopathy. A claim was placed for electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for electrical stimulation device (DOS 6/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines DME Page(s): 114.

Decision rationale: Electrical stimulation (DOS 6/13/14) is not medically necessary. According to CA MTUs that ACEOM electrical stimulation equipment device is not substantiated as the guidelines indicate that neuromuscular electrical stimulation is primarily indicated for atrophy secondary to spinal cord injury or spasticity secondary to spinal cord injury. The patient does not have a spinal cord injury. Electrical stimulation is not indicated for the controlled treatment of pain, and therefore the requested durable medical advice is not substantiated for the clinical presentation of status post spinal surgical fusion with laminectomy; The requested product is not medically necessary.