

Case Number:	CM14-0183475		
Date Assigned:	11/10/2014	Date of Injury:	09/19/2012
Decision Date:	12/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/7/14 Notes vision much improved. There is pain to palpation in the back in thoracic and lumbar region. Acupuncture was reported to have helped. Pain was 5/10 to 2/10. 7/24/14 notes no lifting more than 15 pounds and released to work 7/24/14. 9/30/14 DWC for RFA notes headache, intercostal sprain/strain, thoracic myospasm, thoracic radiculopathy, lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Localized intense neurostimulation to the spine two times a week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed, Article, Miguel Gorenberg, Elad Schiff, Kobi Schwartz, and Elon Eizenberg, "A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain," Pain Research and Treatment, vol. 2011, Article ID 152307, 6 pages, 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -low back, neuromuscular stimulation

Decision rationale: The use of an electrical neuromuscular stimulator may be used in spinal cord injury patient supported by ODG when the insured meets the criteria: Intact lower motor units (L1 and below) (both muscle and peripheral nerve); AND Muscle and joint stability for weight bearing at upper and lower extremities that can demonstrate balance and control to maintain an upright support posture independently; AND Able to demonstrate brisk muscle contraction to NMES and have sensory perception of electrical stimulation sufficient for muscle contraction; AND Possess high motivation, commitment and cognitive ability to use such devices for walking; AND Have demonstrated a willingness to use the device long-term; AND Ability to transfer independently and can demonstrate independent standing tolerance for at least three minutes; AND Ability to demonstrate hand and finger function to manipulate controls; AND Having at least six-month post recovery spinal cord injury and restorative surgery; AND No hip and knee degenerative disease and no history of long bone fracture secondary to osteoporosis. The medical records provided for review do not indicate specific functional assessment, physical examination findings, or other studies in support of the insured meeting the noted criteria and as such does not support a medical necessity for the noted device.

Trigger Point Impedance Imaging (TPII), one time per week for six to twelve weeks, and localized intense neurostimulation therapy one time per week for six to twelve weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed, Article, Miguel Gorenberg, Elad Schiff, Kobi Schwartz, and Elon Eizenberg, "A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain," Pain Research and Treatment, vol. 2011, Article ID 152307, 6 pages, 2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -low back, neuromuscular stimulation

Decision rationale: The use of an electrical neuromuscular stimulator may be used in spinal cord injury patient supported by ODG when the insured meets the criteria: Intact lower motor units (L1 and below) (both muscle and peripheral nerve); AND Muscle and joint stability for weight bearing at upper and lower extremities that can demonstrate balance and control to maintain an upright support posture independently; AND Able to demonstrate brisk muscle contraction to NMES and have sensory perception of electrical stimulation sufficient for muscle contraction; AND Possess high motivation, commitment and cognitive ability to use such devices for walking; AND Have demonstrated a willingness to use the device long-term; AND Ability to transfer independently and can demonstrate independent standing tolerance for at least three minutes; AND Ability to demonstrate hand and finger function to manipulate controls; AND Having at least six-month post recovery spinal cord injury and restorative surgery; AND No hip and knee degenerative disease and no history of long bone fracture secondary to osteoporosis. The medical records provided for review do not indicate specific functional assessment, physical examination findings, or other studies in support of the insured meeting the noted criteria and as such does not support a medical necessity for the noted device.

