

Case Number:	CM14-0093549		
Date Assigned:	07/25/2014	Date of Injury:	10/10/2013
Decision Date:	09/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/20/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 61 year old male employee with date of injury of 10/10/2013. A review of the medical records indicates that the patient is undergoing treatment for T8 AIS A spinal cord injury and late effects of spinal cord injury (SCI). He has been diagnosed with closed fracture T7-T12 level with complete lesion cord. Subjective complaints include loss of volitional motor function in lower body. Objective findings include non-ambulation, loss of volitional motor function below T8 in bilateral trunk and lower extremities and his light touch sensation and proprioception is absent below the T8 spinal level bilaterally Treatment has included rehab facility placement (although physical therapy exercises were not specified). A physician's review (5/20/2014) stated "with the electrical stimulation Miguel is able to achieve strong coordinated muscle contractions in his legs". The utilization review dated 5/30/2014 certified treatment using RT300 FES leg cycle.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT 300 FES LEG CYCLE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEURO MUSCULAR ELECTRICAL STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES, page120-121 Page(s): 120-121.

Decision rationale: MTUS states "Neuromuscular electrical stimulation (NMES devices) Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord-injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005)." In spinal cord injury patients treatment with FES can alter the negative effects of immobility (decreased bone density, break down in skin, and muscle spasticity). As such the request for RT 300 FES Leg Cycle is medically necessary.