MAXIMUS Federal Services

Case Number:	CM14-0212186		
Date Assigned:	01/02/2015	Date of Injury:	09/09/1999
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 9/9/1999. Per primary treating physician's progress report dated 10/16/2014, the injured worker complains of low back pain with radiating to right big toe. EMS helps, but she is having trouble getting pads onto her back. Examination of lumbar spine is notable tenderness of the paraspinal muscles bilaterally and positive straight leg raise on the right. Diagnoses include 1) lumbar spine strain/sprain with right lower extremity radiculitis 2) multilevel extensive protrusion, stenosis and facet per MRI on 8/2/2014 3) right sacroiliac spine scoliosis per x-ray. Progress report is handwritten and mostly illegible. Utilization review dated 11/18/2014 did not approve based on MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive garment purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES devices) section Page(s): 121.

Decision rationale: The MTUS Guidelines does not recommend the use of NMES devices. 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. 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.The requesting physician explains that EMS is helpful, but the injured worker is having difficulty getting pads onto her back. There is no other discussion of electrical stimulation use for this injured worker, and the need for a conductive garment is not discussed. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.The request for conductive garment purchase is determined to not be medically necessary.