

Case Number:	CM14-0218597		
Date Assigned:	01/08/2015	Date of Injury:	05/25/2006
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

The injured worker is a 77 year old male, who sustained an industrial injury on 05/24/2006. He had reported back pain. The diagnoses have included status post lumbar decompression and fusion L4-L5, L5-S1 back in 2007 with excellent result for fractured spine. Treatment to date has included spine surgery, therapy, and medications. Currently, the IW complains of back pain. The physician stated that lying down and topical creams make him feel better, walking makes him feel worse, and feels he cannot do anything anymore. On 12/05/2014, the injured worker submitted an application for IMR for review of Muscle Stimulator for the Lumbar Spine. On 12/08/2014, Utilization Review non-certified the Muscle Stimulator for the Lumbar Spine noting no subjective symptoms, previous fusion at L4, L5, and S1 with excellent results bilaterally, and no new motor or sensory deficits. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 121.

Decision rationale: According to the MTUS the use of neuromuscular electrical stimulation (NMES) is 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. In this case the patient has had a recurrence of chronic low back pain. The documentation doesn't support that he has an approved diagnosis for the use of a neuromuscular electrical stimulation device.