MAXIMUS Federal Services

Case Number:	CM15-0004707		
Date Assigned:	01/16/2015	Date of Injury:	04/06/1995
Decision Date:	03/18/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/09/2015

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: Physical Medicine & Rehabilitation

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 67 year old female who sustained an industrial injury on 4/6/95. The injured worker reported symptoms in the back. The diagnoses included spondylosis, lumbosacral radiculitis and sacral fracture. Treatments to date have included the use of durable medical equipment including a front wheeled walker, a lumbo-sacral orthosis brace, oral pain medication, status post L5-S1 fusion on 5/9/14. PR2 dated 12/23/14 noted the injured worker presents with "consistent low back pain across the lumbosacral borders that worsen on the right side at the site of dorsal column stimulator" with provider notation that the stimulator hasn't worked since "before surgery". The treating physician is requesting durable medical equipment: neuromuscular electrical stimulator device for lumbar spine as outpatient.On 1/5/15, Utilization Review non-certified a request for durable medical equipment: neuromuscular electrical stimulator device for lumbar spine as outpatient. 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:

DME: NMES Device for Lumbar Spine As Outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neuromuscular electrical stimulation Page(s): 121.

Decision rationale: This patient presents with chronic low back pain. The patient is status post left knee arthroplasty from 01/05/2015, status post lumbar decompression and fusion from 04/23/2014, status post total knee replacement of the left knee from 02/2013 and status post insertion of the spinal cord stimulator from 2008. The treater is requesting DME: NMES DEVICE FOR THE LUMBAR SPINE AS OUTPATIENT. The RFA dated 12/23/2014 shows a request for NMES device. The patient's date of injury from 04/06/1995 and her current work status is unable to perform work activities.The MTUS Guidelines page 121 on neuromuscular electrical stimulation -NMES devices- states, "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 is no intervention trials suggesting benefit from NMES for chronic pain."The records show that the patient was utilizing NMES during physical therapy. The 12/23/2014 report notes, "her physical therapist made a recommendation for neuromuscular electronic stimulator device for use at home to continue strengthening her anterior tibialis muscles bilaterally. This would aid in her ambulation, prevent further falls, and provide some treatment of pain." In this case, the MTUS Guidelines do not support the use of NMES for chronic pain treatment. The request IS NOT medically necessary.