

Case Number:	CM15-0112321		
Date Assigned:	06/18/2015	Date of Injury:	05/01/2008
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, New York, 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:

The applicant is a represented 60-year-old who has filed a claim for chronic low back, neck, wrist, and knee pain reportedly associated with an industrial injury of May 1, 2008. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve a request for a muscle stimulator for the lumbar spine. The claims administrator referenced a May 22, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 22, 2015, the applicant reported ongoing complaints of knee, wrist, low back pain, 7 to 8/10.

The applicant had undergone earlier lumbar spine surgery, it was reported. Medications were refilled under separate cover. The attending provider stated that he was seeking authorization for muscle stimulator for the lumbar spine, seemingly on a purchase basis. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

L/S Muscle Stim 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) Page(s): 121.

Decision rationale: No, the request for a muscle stimulator for the lumbar spine was not medically necessary, medically appropriate, or indicated here. The muscle stimulator in question represents a form of neuromuscular electrical stimulation (NMES) which, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Here, there was no evidence that the applicant had sustained a stroke. It was not clearly stated or clearly established why this particular device was prescribed and/or dispensed in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.