

<b>Case Number:</b>	CM15-0116915		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	04/12/2001
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 41-year-old female, who sustained an industrial injury on 4/12/2001. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic pain syndrome, fasciitis, unspecified, headaches, peripheral neuropathy, unspecified, neck pain, spinal enthesopathy, and shoulder pain. Treatment to date has included diagnostics, multiple surgical procedures, injections, physical therapy, medications, transcutaneous electrical nerve stimulation unit, and percutaneous electrical nerve stimulator (PENS). Currently (4/21/2015), the injured worker complains of pain in her upper and lower extremities, rated 8/10, and migraines. She continued her medication regimen but reported sedation and a "gittery" feeling with Gabapentin. Current medications included Tizanidine, Dilaudid, and Gralise. Physical exam of the cervical, thoracic, and lumbar spines was unchanged. The treatment plan included medication refills and continued PENS, 4 treatments over 30 days. Her work status remained total temporary disability. Previous pain rating was 7.5/10 (3/24/2015), status post head and neck angiogram and venogram with balloon dilation on 3/23/2015. Pain levels appeared consistent for at least 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines neurostimulation Page(s): 119.

**Decision rationale:** 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) Review of the provided clinical documentation does not meet criteria as outlined above and the request is not medically necessary.