

Case Number:	CM15-0078468		
Date Assigned:	04/29/2015	Date of Injury:	07/23/2004
Decision Date:	05/28/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male, who sustained an industrial injury on July 23, 2004. The injured worker was diagnosed as having T5 anterior/posterior fracture status post July 27, 2004 thoracic spine fusion. Treatment to date has included x-rays, acupuncture, home exercise program (HEP), and medication. Currently, the injured worker complains of upper and mid back pain with associated spasms. The Primary Treating Physician's report dated March 11, 2015, noted the thoracic spine with limited range of motion (ROM), and tender to palpation right greater than left. The treatment plan was noted to include requests for authorization for Norco, home EMS unit, and CT scan of thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home EMT unit: 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 Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: The claimant is more than one-year status post work-related injury with fractures of the thoracic spine requiring a fusion. When seen, he had ongoing pain and muscle spasms. Physical examination findings included decreased range of motion and paraspinal tenderness. Neuromuscular electrical stimulation (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. Use of an NMES device is not recommended. There is no evidence to support its use in chronic pain. Therefore, the requested unit was not medically necessary.