

<b>Case Number:</b>	CM15-0099304		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/06/1996
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 57-year-old male, who sustained an industrial injury on 06/06/1996. The injured worker is currently on light duty work with restrictions. The injured worker is currently diagnosed as having lumbago, lumbar herniated disc, sciatica, and right L4-5 herniated nucleus pulposus with radiculopathy. Treatment and diagnostics to date has included lumbar surgery, back brace, and medications. In a progress note dated 04/24/2015, the injured worker presented with complaints of lower back pain. Objective findings include decreased mobility with limping, tenderness, and weakness. The treating physician reported requesting authorization for neuromuscular electrical stimulation unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Recovery Back NMES with garment and electrodes: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Neuromuscular electrical stimulation (NMES devices).

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

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Recovery Back NMES with garment and electrodes. The Request for Authorization is dated 04/29/14. Treatment and diagnostics to date has included imaging, lumbar surgery, physical therapy, back brace, and medications. The patient is working modified duty. MTUS Guidelines page 121 on neuromuscular electrical stimulation (NMES devices) states, "Not recommended. NMES is used primarily as a part of rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain. " According to progress report 04/24/15, the patient is pending a lumbar microdisectomy on 04/29/15. Examination of the lumbar spine revealed tenderness and weakness in the lower back with tingling in the bilateral legs. EHL weakness and decreased sensation was also noted. There is no discussion regarding the requested NMES unit. It appears the request for the NMES unit is for the patient's chronic pain or for post-operative use. NMES is not recommended for chronic pain and there is no discussion regarding its use post operatively. MTUS guidelines do support neuromuscular stimulator (NMES) for stroke rehabilitation. In this case, there is no indication of a recent stroke; therefore, this request does not meet guideline indications. The request IS NOT medically necessary.