

Case Number:	CM14-0144971		
Date Assigned:	09/12/2014	Date of Injury:	12/11/1989
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61 year old female who reported an injury on 12/11/1989. The mechanism of injury was not provided. Diagnoses included L3 mild compression fracture from recent fall injury, right L5 radicular pain with facet arthropathies at L4-5 and L5-S1, lumbar discogenic pain, and status post right shoulder arthroscopic surgery. Past treatments included a sequential muscle stimulator, chiropractic treatment, and medications. Diagnostic studies included an unofficial MRI of the lumbar spine in 04/2007 which indicated L4-5 and L5-S1 facet arthropathies. Surgical history included a right shoulder arthroscopic surgery on 11/04/2011. The clinical note dated 08/15/2014 indicated the injured worker complained of ongoing low back pain with radiating symptoms in the right lower extremity as well as shoulder pain. The physical exam revealed ongoing tenderness to the lumbar spine with radiating symptoms. Current medications included Norco 10/325 mg, Voltaren 100 mg XR, Robaxin 750 mg, Prilosec 20 mg, Valium 10 mg, and Flexeril 10 mg. The treatment plan included DME purchase of RS4i muscle stimulator pads (3 month supply). The rationale for treatment was the replacement of old pads. The Request for Authorization form was completed on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase of RS4i Muscle Stimulator Pads (3-month supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 121.

Decision rationale: The request for DME purchase of RS4i muscle stimulator pads (3 month supply) is not medically necessary. The California MTUS Guidelines indicate that neuromuscular electrical stimulation is not recommended and is primarily used as a part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. The injured worker complained of ongoing low back pain with radiating symptoms in the right lower extremity as well as shoulder pain. The physical exam revealed ongoing tenderness to the lumbar spine with radiating symptoms. The guidelines specifically state that neuromuscular electrical stimulation device is not recommended, and there is a lack of clinical documentation to indicate the necessity for the device beyond the guideline recommendations. In addition, the submitted request does not specify the quantity of stimulator pads. Therefore, the request for the associated DME purchase of RS4i muscle stimulator pads (3-month supply) is not medically necessary.