

Case Number:	CM13-0009212		
Date Assigned:	09/11/2013	Date of Injury:	08/17/2007
Decision Date:	07/08/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient was injured on 08/17/07. She has a history of chronic pain. On June 03, 2013, she reported increased pain. She was referred to therapy and was given medications. There is no mention of a Multistim request. On 06/04/13, a Pro-Tech Multistim Unit was recommended for 90-day rental and for purchase if it was effective. She saw the physician on 06/25/13 for low back and right shoulder pain and she stated her pain was worse. Physical therapy was recommended to be continued. She was also taking medications. There was no mention again of Multi-Stem in the note by the physician on 06/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 DAYS RENTAL OF PRO-TECH MULTI STIM UNIT WITH PURCHASE; WITH 1 REQUEST FOR ELECTRODES AND 1 REQUEST FOR BATTERIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 146-151.

Decision rationale: The history and documentation do not objectively support the request for 90 day rental of a Multi-Stem unit. The patient's history of injury, evaluation, and treatment is

unclear. She reported increased pain on 06/03/13 but it is not clear whether she failed other conservative methods of treatment for her increased pain, including local care, the judicious use of medications, and an ongoing exercise program. A Multi-Stem unit includes TENS, interferential stimulation, and neuromuscular stimulation. According to page 146 states regarding TENS for chronic pain: TENS (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality. On page 149: Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. Page 151: Neuromuscular electrical stimulation (NMES) devices are not recommended. It is not clear whether the patient has been involved in an ongoing exercise program that is to be continued in conjunction with this type of device. Also, it is not clear whether she was instructed in the use of this type of device, including whether she was to use TENS and/or interferential stimulation and/or neuromuscular stimulation (NMES). NMES is not recommended for chronic pain and interferential stimulators have not been shown to be effective due to poor study designs. The medical necessity of this type of stimulation unit has not been clearly demonstrated and is not supported by the CA MTUS in this case.