

Case Number:	CM13-0013774		
Date Assigned:	10/01/2013	Date of Injury:	04/01/2010
Decision Date:	02/10/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain reportedly associated with an industrial injury of April 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; lumbar epidural steroid injection therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 7, 2013, the claims administrator denied a request for a contrast aquatic therapy unit. In the independent medical review application, the applicant seeks Solace multi-stimulation unit device. A later note of September 18, 2013 is notable for comments that the applicant reports multifocal shoulder, low back, and knee pain. The applicant remains off of work, on total temporary disability, while employing Vicodin, ketoprofen, and Ambien. On September 6, 2013, the applicant was in fact given an ultrasound stimulation unit for home use purposes

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Multi Stim: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As noted in the product description, the Solace multi-stim unit provides three forms of therapy including conventional TENS therapy, interferential therapy, and neuromuscular stimulation. In this case, however, one of the components in the device, specifically the neuromuscular stimulation component, is not recommended for chronic pain purposes, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, which further notes that NMES (neuromuscular electrical stimulation) is typically endorsed as part and parcel of a post-stroke rehabilitation regimen. In this case, however, there is no evidence that the applicant has sustained a stroke. The fact that one of the components in the device carries an unfavorable recommendation results in the entire device's carrying an unfavorable recommendation. Accordingly, the device is not certified.