

<b>Case Number:</b>	CM13-0047382		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Illinois and Texas. 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 patient is a 55-year-old male who reported an injury on 03/09/2011. The mechanism of injury was not provided. The patient's diagnoses were noted to be sprains and strains of other and unspecified parts of the back, lumbar sprains and strains. The request was made for a Pro Stim 5.0 plus one (1) month supplies, 30 day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ProStim 5.0 plus one (1) month supplies, 30 day trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 115-116, 121 and 118.

**Decision rationale:** The California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention and should be used with recommended treatments including work, and exercise. The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based ongoing treatment modalities within a functional restoration approach for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been

tried (including medication) and have failed. The California MTUS does not recommend NMES except as part of post stroke rehabilitation and further states that there is no evidence to support its use in chronic pain. Russian Stimulation was noted to be high frequency waveforms similar to EMS/NMS. The clinical documentation indicated the Stim 5 was a combination of TENS, ICS, NMS, EMS, and Russian Stimulation. The clinical documentation submitted for review indicated that the patient had a TENS unit (X-Force) and does not like it. The clinical documentation submitted for review failed to provide the patient would be using this unit as an adjunct to a program of evidence-based ongoing treatment modalities and that other appropriate modalities had been tried and failed. Additionally, there was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations against the use of NMES as it was indicated the patient wanted a different unit as he did not like the TENS unit. Given the above, and the lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations, the request for Pro Stim 5.0 plus one (1) month supplies, 30 day trial is not medically necessary.