MAXIMUS Federal Services

Case Number:	CM14-0004742		
Date Assigned:	05/23/2014	Date of Injury:	08/10/2011
Decision Date:	07/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 56 year old who was injured on 8/10/2011. The diagnoses are bilateral knee pain, low back pain and muscle spasm. The patient reported significant improvement of symptoms following PT and acupuncture treatments. On 12/18/2013, subjective complaints of low back pain radiating down the lower extremities associated with numbness, tingling and sensory loss was noted. There was chronic abdominal pain from the use of NSAIDs despite use of prophylactic Zantac. The EMG/NCS was significant for right L4 radiculopathy. A past surgical history of right knee surgery in 2012 was reported. The medications listed are tramadol and Mobic for pain relief. A Utilization Review determination was rendered on 12/27/2013 recommending non certification for Solace Multi Stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLAACE MULTI STIM UNIT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-121.

Decision rationale: The California MTUS guidelines addressed the use of stimulator units for the treatment of chronic pain syndrome. The use of transcutaneous electrotherapy can be beneficial for the treatment of painful radiculopathy and musculoskeletal pain. It is recommended that a trial of the treatment be started in the setting of a formal physical therapy , exercise or Return to Work program. Non-medication treatment options can be useful for patients who have failed or cannot tolerate standard medications management. The records indicate that the injured worker has experienced severe NSAIDs induced abdominal pain despite treatment with Zantac. There is significant radiculopathy that can be relieved by transcutaneous electrotherapy. The criteria for the use of Solace Multi Stim Unit were met.