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| Case Number: | CM14-0008188 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 03/16/2011 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/21/2014 |
| Priority: | Standard | Application Received: | 01/22/2014 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/16/11. A utilization review determination dated 1/21/14 recommends non-certification of a multi stim unit plus supplies. 1/20/14 medical report identifies pain 7-8/10. Patient is still awaiting (TENS) transcutaneous electrical nerve stimulation unit, Hyalgan injections, and medications. On exam, there is lumbar spine and right knee tenderness. Recommendations include a 30-day trial of TENS

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI STEM UNIT PLUS SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELING, TENS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ,9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page.

Decision rationale: Regarding the request for Multi Stem Unit plus supplies, California MTUS provides limited support for some types of electrical stimulation, while other types are specifically not recommended. Within the documentation available for review, there is no documentation of the types of stimulation to be included with the proposed multi stim unit such

that the appropriate CA MTUS criteria can be applied. In the absence of such documentation, the currently requested Multi Stem Unit plus supplies is not medically necessary.