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| Case Number: | CM14-0013554 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 04/24/2009 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 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 claimant is a 42-year-old female with a 4/24/09 date of injury. There is documentation of subjective findings of pain and achiness of the low back. There are objective findings of midline tenderness, weakness in the bilateral lower extremities, and pain upon range of motion. Current diagnoses are lumbar post laminectomy syndrome, myospasms/myofascitis, and spinal enthesopathy. Treatment to date includes a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ MULTI STIM UNIT 30 DAY TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) and Interferential Current Stimulation (ICS).

Decision rationale: The Pro-tech multi-stimulation unit contains three forms of therapy, TENS, Interferential, and Neuromuscular Stimulator. MTUS/ACOEM Guidelines identifies that physical modalities, such as transcutaneous electrical neurostimulation (tens) units, have no scientifically proven efficacy in treating acute low back symptoms. MTUS Chronic Pain

Medical Treatment Guidelines identifies that interferential current stimulation (ICS), micro current electrical stimulation (MENS devices), and neuromuscular electrical stimulation (NMES devices) are not recommended. Therefore, based on guidelines and a review of the evidence, the request for [REDACTED] multi stim unit 30 day trial is not medically necessary and appropriate.