MAXIMUS Federal Services

Case Number:	CM14-0016390		
Date Assigned:	04/11/2014	Date of Injury:	12/14/1980
Decision Date:	05/29/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 Interventional Spineand 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 56 year-old male with a 12/14/1980 industrial injury claim. He has been diagnosed with hypertension, left ventricular hypertrophy with atrial enlargement and GERD, but the internal medicine specialist. He has also been diagnosed with cervical and lumbar discopathy, and s/p left shoulder surgery, s/p right CTR, s/p left wrist surgery. On 1/15/14 UR reviewed the 1/13/14 letter from [redacted] and his 11/12/13 report and recommended against a SurgiStim 4 unit. The 1/13/14 letter was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE STIM 4 MUSCLE STIMULATOR: Upheld

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

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

Decision rationale: The patient presents with neck and back pain, hypertension, GERD, left ventricular hypertrophy, and history of left shoulder surgery, right CTR, and left wrist surgery. I have been asked to review for a "Stim 4" unit. The 11/12/13 report from [redacted], describes this

as a TENS unit, but the name is also short for the OrthoStim4 or SurgiStim4 units. The latter two units are multimodality units that can provide inteferential, NMES, high volt pulsed current, and pulsed DC. The OrthoStim4 or SurgiStim4 units would not be recommended, as MTUS specifically states NMES and high volt pulsed current (galvanic) are not recommended and it is not possible to offer partial certification of a single device that contains all 4 types of stimulation. If the Stim 4 unit that [redacted] has requested, is a TENS unit, it is not clear if the name denotes it is a 4-lead unit which MTUS requires a rationale over the generally recommended 2-lead units. MTUS states for TENS, there must be documentation of pain for at least 3-months. The medical reports from [redacted], do not include a pain assessement. MTUS states there must be evidence that other appropriate pain modalities have been tried, including medications and failed. None of [redacted] medical reports discuss medications, or efficacy or failure of medications. Based on the information provided, the patient does not meet the MTUS criteria for a TENS unit. Therefore the request is not medically necessary.