

Case Number:	CM14-0019665		
Date Assigned:	04/28/2014	Date of Injury:	05/19/2013
Decision Date:	07/07/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for lumbar disc displacement associated with an industrial injury date of May 19, 2013. Treatment to date has included oral and topical analgesics, muscle relaxants, chiropractic therapy, and physical therapy. Medical records from 2013 to 2014 were reviewed and showed chronic low back pain radiating to the legs, more on the right than the left. Physical examination showed tenderness to the lower back, limitation of motion of the lumbar spine, and a positive straight leg raise at 30 degrees bilaterally. MRI obtained on 12/20/13 has demonstrated a broad-based bulge at L5-S1 and the patient was diagnosed with lumbar disc herniation. The patient has been on several pain medications; however response to their use were not discussed. Utilization review dated February 7, 2014 denied the request for Solace Mutli-Stim Unit (Electrical Stimulation Unit) and Electrodes because such a stimulator includes a neuromuscular electrical stimulation which is not recommended by the guidelines for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOLACE MULTI-STIM UNIT (ELECTRICAL STIMULATION UNIT) AND ELECTRODES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTAMEOUS ELECTROTHERAPY 'TENS'.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN Page(s): 114.

Decision rationale: Page 114 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that Transcutaneous electrotherapy includes TENS, interferential current stimulation, microcurrent electrical stimulation, neuromuscular electrical stimulation, RS-4i sequential stimulator, electroceutical therapy, and sympathetic therapy. In this case, there is no documentation of failure of medications and conservative management strategies that would necessitate a multi-stim unit. Also, the specific modalities included in this request were not indicated. The duration of use is likewise not specified. Therefore, the request for Solace Multi-Stim Unit (Electrical Stimulation Unit) and electrodes is not medically necessary per the guideline recommendations of MTUS.