

<b>Case Number:</b>	CM14-0136264		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & 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:

This is a 34 year old male with a 10/13/11 injury date. The mechanism of injury is not provided. In a follow-up on 7/16/14, subjective complaints were neck pain, low back pain, and continued pain in both upper extremities. Objective findings were tenderness and spasm in the cervical and lumbar regions, restricted range of motion of the cervical spine and the lumbar spine, positive axial loading compression test, positive Spurling's maneuver, positive seated root test, and mild weakness in the ankle plantar flexors. Diagnostic impression: cervical and lumbar discopathy. Treatment to date: medications, acupuncture, chiropractic care. A UR decision on 7/31/14 denied the request for muscle stimulator on the basis that it is not medically warranted based on the evidence-based guidelines. The request for heating pads was approved on the basis of the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Purchase of heating pads & muscle stimulator: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-4, 300, Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**Decision rationale:** CA MTUS does not address the issue of heating pads. However, ODG states that they are generally recommended. Regarding the request for muscle stimulator, it is not clear from the provider's notes what is meant by this. CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Based upon the submitted documentation, there is evidence that prior treatments have been tried but no evidence that they have failed. In addition, there is no documentation of specific short and long-term treatment goals with TENS unit or "muscle stimulator." Since the muscle stimulator cannot be certified at this time, the request as a whole cannot be certified. Therefore, the request for 1 Purchase of heating pads & muscle stimulator is not medically necessary.