MAXIMUS Federal Services

Case Number:	CM14-0150392		
Date Assigned:	09/18/2014	Date of Injury:	09/29/2011
Decision Date:	10/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 a 44-year-old male who has submitted a claim for lower extremity claudication, disc protrusion, spinal stenosis, musculoligamentous cervical injury, and s/p left shoulder surgery associated with an industrial injury date of 9/29/2011.Medical records from 3/5/2014 up to 7/16/2014 were reviewed showing increasing back pain to the point of incapacitation. He had difficulty with prolonged sitting, standing, or walking. Pain is alleviated by rest. Patient had prior ESI which provided temporary100% relief. There are no contraindications for a second ESI. Physical examination revealed tenderness and spasm over the central and paralumbar location. He had positive sciatic notch tenderness, positive SLR bilaterally, and mechanical back pain upon stress testing. Treatment to date has included one prior ESI, Hydrocodone, and Omeprazole.Utilization review from 9/9/2014 denied the request for one purchase of Multi Stim unit adaptor, Two Multi Stim unit leadwires, Five months rental of Multi Stim unit, and Five months supply of Multi Stim unit (8 pairs per month). A more recent clinical evaluation that discusses the patient's current status and that provides relevant physical examination findings to potentially support the necessity of the requested Multi-Stim unit was not included in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase of Multi Stim unit adaptor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit; Interferential Current Stimulation; Neuromuscular Electrical Stimulation Page(s): 114.

Decision rationale: A search of online resources showed that Multi-Stim unit is a combination of TENS, interferential unit, and neuromuscular stimulator. As stated on pages 118-120 in the California MTUS Chronic Pain Medical Treatment guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done given that the patient's pain is ineffectively controlled by medications, a history of substance abuse, significant pain from post-operative conditions limiting treatment, or unresponsive to conservative measures. Page 114 discusses TENS as opposed to multiple other devices. It is not recommended as a primary treatment modality, but a trial may be considered if used with functional restoration program. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless following stroke. In this case, the patient has increasing back pain to the point of incapacitation. Patient had prior ESI which provided temporary100% relief. There are no contraindications for a second ESI. Physical examination revealed tenderness and spasm over the central and paralumbar location. It is unclear if the patient is actively participating in a rehabilitation program. The use of TENS and interferential unit is only recommended as adjunct to a functional restoration program. Moreover, there was no documentation of a previous stroke to support the need for NMES use. Therefore, the request for One purchase of a Multi Stim unit adaptor is not medically necessary.

Two Multi Stim unit leadwires: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit; Interferential Current Stimulation; Neuromuscular Electrical Stimulation Page(s): 114.

Decision rationale: The related request for Multi Stim Unit has been deemed not medically necessary; therefore, all of the associated services, such as this request for Two Multi Stim unit leadwires, are likewise not medically necessary.

Five months rental of Multi Stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit; Interferential Current Stimulation; Neuromuscular Electrical Stimulation Page(s): 114.

Decision rationale: A search of online resources showed that Multi-Stim unit is a combination of TENS, interferential unit, and neuromuscular stimulator. As stated on pages 118-120 in the California MTUS Chronic Pain Medical Treatment guidelines, interferential current stimulation is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one month trial should be done given that the patient's pain is ineffectively controlled by medications, a history of substance abuse, significant pain from post-operative conditions limiting treatment, or unresponsive to conservative measures. Page 114 discusses TENS as opposed to multiple other devices. It is not recommended as a primary treatment modality, but a trial may be considered if used with functional restoration program. Page 121 states that there are no intervention trials suggesting benefit from NMES for chronic pain; hence, it is not recommended unless following stroke. In this case, the patient has increasing back pain to the point of incapacitation. Patient had prior ESI which provided temporary100% relief. There are no contraindications for a second ESI. Physical examination revealed tenderness and spasm over the central and paralumbar location. It is unclear if the patient is actively participating in a rehabilitation program. The use of TENS and interferential unit is only recommended as adjunct to a functional restoration program. Moreover, there was no documentation of a previous stroke to support the need for NMES use. Furthermore, the request of 5-month trial far exceeds the guidelines recommendation of 1 month trial of TENS and interferential unit. The request likewise failed to specify the body part to be treated. Therefore, the request for Five months rental of Multi Stim unit is not medically necessary.

Five months supply of Multi Stim unit (8 pairs per month): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit; Interferential Current Stimulation; Neuromuscular Electrical Stimulation Page(s): 114.

Decision rationale: The related request for Multi Stim Unit has been deemed not medically necessary; therefore, all of the associated services, such as this request for Five months supply of Multi Stim unit (8 pairs per month), are likewise not medically necessary.