

<b>Case Number:</b>	CM14-0151977		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 family Practice and is licensed to practice in California & Arizona. 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:

A 28 yr. old male claimant sustained a work injury on 12/7/12 involving the low back. He was diagnosed with lumbar radiculopathy. An MRI in 2013 showed L4-L5 disc protrusion with mild canal stenosis. He had undergone lumbar epidural steroid injections, TENS and myofascial release in 2013 as well as conservative management under the care and numerous visits with pain management. He had used Gabapentin and oral analgesics for pain and neuropathic symptoms. A progress note on 5/8/13 indicated the claimant had continued back pain despite doing therapy. There was pain in the back radiating to the right thigh. Straight leg raise was positive. The treating physician requested a neurosurgeon consult. A subsequent visit in July 2014 indicated the claimant had continued pain and needed temporary disability. The treating physician requested another neurosurgical consult and a multi-stimulator unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solace Multi Stimulator unit (rental 5 months), electrodes 8 pairs per month times 5, leadwires times 2, adaptor times 1 installation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Stimulation Page(s): 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 113-115.

**Decision rationale:** A Solace multi-stimulator works in a similar fashion to a TENS unit. According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The request for a Solace unit is not medically necessary.

**Neurosurgeon consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialist referral and pg 127

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant's diagnosis was not complex. The need for surgical consultation was not specified. The ability to return to work and fitness can be completed by physical medicine/pain management clinicians that were already involved in the care. The request is therefore not medically necessary.