

Case Number:	CM14-0156225		
Date Assigned:	09/25/2014	Date of Injury:	07/20/2010
Decision Date:	11/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 56-year-old female with a reported injury on 07/20/2010. The mechanism of injury was not provided. The injured worker's diagnoses included status post L5-S1 fusion with removal of hardware and screw replacement on the right and sleep disorder. The injured worker's past treatments included medications, physical therapy, a knee brace, and an intramuscular Toradol injection. The injured worker's diagnostic testing included a request for a MRI of the lumbar spine, but it is unclear whether or not that was performed. The injured worker's surgical history is a L5-S1 fusion with removal of hardware and screw replacement on the right. The injured worker was evaluated on 08/25/2014 for her complaints of low back pain with radiation to her bilateral lower extremities. The clinician observed and reported an antalgic gait on the left. The injured worker walked with a limp and used a cane. The toe walk was abnormal on the left. Heel walk was normal. There was tenderness over the paraspinal musculature of the thoracic and lumbar regions. Muscle spasms were noted over the thoracic and lumbar spine on the left. Range of motion of the lumbar spine with active cooperative effort was measured at 30 degrees of flexion, 20 degrees of extension, 40 degrees of rotation bilaterally, and 20 degrees of tilt bilaterally. There was decreased sensation along the L4 and L5 dermatomes on the left. Motor examination by manual muscle test was normal, as were the reflexes. The injured worker's medications included Norco 10/325 mg. The request was for Protech Multi Stim Unit for lumbar spine. The rationale for the request was for treatment of status post L5-S1 fusion with removal of hardware and screw replacement on the right, sleep disorder, gastrointestinal pain, and hypertension. The Request for Authorization form was submitted on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████ **Multi Stim unit for lumbar spine-purchase:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 118, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation), Interferential Current Stimulation (ICS),.

Decision rationale: The decision for ██████ Multi Stim unit for lumbar spine-purchase is not medically necessary. The injured worker did continue to complain of increased back and leg pain. A multistimulation unit offers 3 forms of electrical stimulation: TENS, interferential, and neuromuscular stimulation. The California MTUS Chronic Pain Guidelines recommend TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Additionally, a treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. TENS is not recommended as a primary treatment modality, but a one month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. Interferential Current Stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique. Neuromuscular electrical stimulation devices are not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The provided documentation did not indicate whether the injured worker had a 30 day trial of the TENS unit prior to this request. Additionally, the request did not include the frequency of stimulation, the pulse duration, the treatment time, or the site of electrode placement. The interferential and neuromuscular stimulation devices are not recommended. Therefore, the request for ██████ Multi Stim unit for lumbar spine-purchase is not medically necessary.