

<b>Case Number:</b>	CM14-0164224		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for a MEDS-4 interferential unit device. The applicant's attorney subsequently appealed. In an August 12, 2014 progress note, the applicant reported multifocal neck, low back, and right elbow pain, exacerbated by standing, walking, gripping, and grasping. The applicant was using Motrin. The applicant apparently received a refill of Motrin, despite some low-grade complaints of GI discomfort with the same. A MEDS-4 interferential device was apparently furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS 4 INF UNIT WITH GARMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121. Decision based on Non-MTUS Citation

Other Medical Treatment Guideline or Medical Evidence: <http://medstim.com/meds-4-inf/meds-4-inf.php>.

**Decision rationale:** Per the product description, the MEDS-4 device is an amalgam of interferential stimulation and neuromuscular electrical stimulation (NMES). However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) is not recommended in the chronic pain context present here. Rather, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that NMES be reserved for the poststroke rehabilitative context. In this case, there is no evidence that the applicant has sustained a stroke. Since one component in the device is not recommended, the entire device is not recommended. Therefore, the request was not medically necessary.