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| <b>Case Number:</b>   | CM14-0177923 |                              |            |
| <b>Date Assigned:</b> | 10/31/2014   | <b>Date of Injury:</b>       | 06/08/2011 |
| <b>Decision Date:</b> | 12/10/2014   | <b>UR Denial Date:</b>       | 10/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2014 |

### 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 Pain Management and 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:

The underlying date of injury in this case is 06/08/2011. The date of the utilization review under appeal is 10/16/2014. On 08/27/2014, the patient's primary treating physician submitted an initial report with regard to this patient's injury of 05/25/2011 and 06/08/2011. The patient had initially been struck by a car in May 2011 while at a stop sign by a coworker, and then on 06/08/2011 the patient experienced a sexual harassment incident when she was standing on an 8-foot ladder and a coworker jokingly and purposely jerked the ladder towards him and then slapped her on the back. The patient reported symptoms of depression, anxiety, jaw pain, teeth pain, neck pain, upper back pain, low back pain, shoulder pain, and numbness, tingling, and weakness in the hands and legs. The treating physician diagnosed the patient with left shoulder supraspinatus and infraspinatus, subacromial bursitis, and thoracic spine sprain/strain. The treatment plan included an MRI of the entire spine and left shoulder, chiropractic/physical therapy treatment, acupuncture, upper extremity electrodiagnostic studies, topical compounds, and also durable medical equipment to include neural stimulator, interferential unit, a multi-stim unit and Aqua Relief system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solace Multi Stimulator Unit for a 5 month rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Stimulation Page(s): 114, 118.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on transcutaneous electrotherapy beginning on page 114, recommend individual stimulation modalities but not multi-stimulator units. With regard to the component ingredient neuromuscular stimulation, this modality is specifically not recommended for chronic pain on page 121. With regard to modality interferential stimulation, the Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on interferential stimulation, beginning on page 118, state that this is not recommended as an isolated intervention and provide specific indications for this modality as a second-line treatment in very specific situations where first-line treatment has failed. Overall, the medical records and guidelines do not support an indication for the requested multi-stimulator unit. It therefore follows that associated accessories including electrodes, lead wires, and adaptor are not supported by the guidelines. Therefore, request for Solace Multi Stimulator Unit is not medically necessary.

**Purchase of Electrodes pair per month for 5 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Stimulation Page(s): 114, 118.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on transcutaneous electrotherapy beginning on page 114, recommend individual stimulation modalities but not multi-stimulator units. With regard to the component ingredient neuromuscular stimulation, this modality is specifically not recommended for chronic pain on page 121. With regard to modality interferential stimulation, the Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on interferential stimulation, beginning on page 118, state that this is not recommended as an isolated intervention and provide specific indications for this modality as a second-line treatment in very specific situations where first-line treatment has failed. Overall, the medical records and guidelines do not support an indication for the requested multi-stimulator unit. It therefore follows that associated accessories including electrodes, lead wires, and adaptor are not supported by the guidelines. Therefore, request for Electrodes is not medically necessary.

**2 lead wires:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Stimulation Page(s): 114, 118.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on transcutaneous electrotherapy beginning on page 114, recommend individual stimulation modalities but not multi-stimulator units. With regard to the component ingredient neuromuscular stimulation, this modality is specifically not recommended for chronic pain on page 121. With regard to modality interferential stimulation, the Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on interferential stimulation, beginning on page 118, state that this is not recommended as an isolated intervention and provide specific indications for this modality as a second-line treatment in very specific situations where first-line treatment has failed. Overall, the medical records and guidelines do not support an indication for the requested multi-stimulator unit. It therefore follows that associated accessories including electrodes, lead wires, and adaptor are not supported by the guidelines. Therefore, request for Lead Wires is not medically necessary.

**Adapter:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Interferential Stimulation Page(s): 114, 118.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on transcutaneous electrotherapy beginning on page 114, recommend individual stimulation modalities but not multi-stimulator units. With regard to the component ingredient neuromuscular stimulation, this modality is specifically not recommended for chronic pain on page 121. With regard to modality interferential stimulation, the Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on interferential stimulation, beginning on page 118, state that this is not recommended as an isolated intervention and provide specific indications for this modality as a second-line treatment in very specific situations where first-line treatment has failed. Overall, the medical records and guidelines do not support an indication for the requested multi-stimulator unit. It therefore follows that associated accessories including electrodes, lead wires, and adaptor are not supported by the guidelines. Therefore, request for Adapter is not medically necessary.