

<b>Case Number:</b>	CM14-0181444		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 41 year-old female with a date of injury of June 8, 2011. The patient's industrially related diagnoses include shoulder/arm sprain, thoracic spine strain/sprain, and left shoulder joint pain and tendonitis. The disputed issues are solace multi stimulator unit rental for five months, electrodes (QTY: 8 pair per month), lead wires x 2, and adaptor. A utilization review determination on 10/16/014 had non-certified these requests. The stated rationale for the denial was: "There is insufficient documentation contraindicating other guideline-supported treatment for the patient's current condition. Furthermore, there is also no documentation of derived functional improvement for any previous use under the supervision of a licensed physical therapist."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of solace multi-stimulator unit for 5 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** In regard to the request for 5-month rental of the Solace multi-stimulator unit, this unit is a combination electrical stimulation unit which includes TENS, interferential current and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that 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. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated invention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. In the submitted documentation available for review, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines prior to an interferential unit trial. Additionally, the rental request was made for 5 month which exceeds the recommended one month home-based trial. Furthermore, guidelines do not support the use of neuromuscular stimulation. Based on the guidelines, the currently requested Solace multi-stimulator unit is not medically necessary.

**Purchase of electrodes (8 pairs per month for 5 months): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** In regard to the request for purchase of 8 pairs of electrodes per month for 5 months for the Solace multi-stimulator unit, this unit is a combination electrical stimulation unit which includes TENS, interferential current and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Based on the Chronic Pain Medical Treatment Guidelines, the Solace multi-stimulator unit rental for 5 months is not medically necessary. Therefore, the requested supplies (electrodes) for the unit are also not medically necessary.

**Lead Wires x 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** In regard to the request for lead wires x 2 for the Solace Multi-Stimulator unit, this unit is a combination electrical stimulation unit which includes TENS, interferential current and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Based on the Chronic Pain Medical Treatment Guidelines, the Solace multi-stimulator unit rental for 5 months is not medically

necessary. Therefore, the requested supplies (lead wire x 2) for the unit are also not medically necessary.

**Adaptor:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** In regard to the request for an adaptor for the Solace multi-stimulator unit, this unit is a combination electrical stimulation unit which includes TENS, interferential current and neuromuscular stimulation. In order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Based on the Chronic Pain Medical Treatment Guidelines, the Solace multi-stimulator unit rental for 5 months is not medically necessary. Therefore, the requested supplies (adaptor) for the unit are also not medically necessary.