MAXIMUS Federal Services

Case Number:	CM14-0020546		
Date Assigned:	04/30/2014	Date of Injury:	06/12/2009
Decision Date:	07/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/19/2014

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 Management, and is licensed to practice in Texas. 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 45-year-old with a reported date of injury on June 12, 2009. The mechanism of injury was not submitted with the medical records. The progress report dated March 14, 2014 reported the injured worker received two cortisone injections in 2013 to the right shoulder as well as injections to the neck and low back with temporary benefit. A progress noted dated November 12, 2013 showed the injured worker had a range of motion within normal limits with a positive impingement syndrome test. The progress note from March 14, 2013 reported a decrease range of motion to the cervical spine, right shoulder and lumbosacral spine. The straight leg raises were positive for a pulling sensation in the low back. The injured worker stated on March 14, 2014 that she felt 20% worse with regard to her cervical spine, 30% worse with regard to her right shoulder. The operative report from September 14, 2013 listed the procedures as right sacroiliac joint injection under fluoroscopic guidance and a non-dural puncture arthrogram with interpretation of a dye under fluoroscopy. The postoperative diagnoses listed were multiple lumbar disc herniations, lumbar radiculitis/radiculopathy of lower extremities, lumbar paraspinal muscle spasms, sacrolitis of bilateral sacroiliac joints. The request of authorization form was not submitted with the medical records. The request is for 5 month rental of solace multi stim unit, electrodes (qty 8 pain/month) x5 months, 2 lead wires, and adaptor.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 MONTH RENTAL OF SOLACE MULTI STIM UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN Page(s): 114-117.

Decision rationale: The injured worker has received injections to her cervical spine, right shoulder, and lumbosacral area with 50-75% short term pain relief. The inured worker had also been performing home exercise. The California Chronic Pain Medical Treatment guidelines do not recommend electrical stimulation as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While electrical stimulation may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. A one-month trial period of the an electrical stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The mulitstimulator unit is comprise of three parts; a TENS (transcutaneous electrical nerve stimulation), an interferntial current stimulator and a neuromuscular electrical stimulator. Both the TENS and ICS are recommended for a one month trial and the NMES is recommended as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is unclear documentation regarding a functional restoration approach as well as using the multi stim unit as an adjunct. The request for 5 month rental of the solace multistimulator exceeds the recommended guidelines for a one month trial regarding electrical stimulation units. The request for a five month rental of solace multi stim unit is not medically necessary or appropriate.

ELECTRODES (QTY 8 PAIR/MONTH) X5 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.

2 LEADWIRES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.

ADAPTOR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.