

Case Number:	CM14-0021264		
Date Assigned:	05/16/2014	Date of Injury:	10/08/2009
Decision Date:	07/11/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/20/2014

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 Internal 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 has a 47-year-old male who sustained an injury to his low back on October 8, 2009 when he fell down some stairs. Records indicate the injured worker continued to have pain throughout the body. An MRI of the lumbar spine revealed a disc bulge at L4-5 and a disc herniation at L5-S1. A physical examination noted tenderness along the lumbar spine; decreased range of motion to 20 left bending, 50 rotation, 15 external rotation and flexion 20; straight leg raise negative. Treatment to date has included physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI STIM FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder and Neck/Upper Back and Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-115.

Decision rationale: The request for multi-stim for purchase is not medically necessary. The previous request was denied on the basis that the diagnosis, considering the very chronic nature of this condition and the lack of hard clinical indications for need for this device, considering the lack of a documented successful trial of this device prior to considering purchase and according

to the California MTUS, the request was not deemed as medically appropriate. The California MTUS states that while transcutaneous electrical nerve stimulation (TENS) 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. Several published evidence-based assessments of TENS have found that evidence is lacking concerning effectiveness. Given the clinical documentation submitted for review, the request for multi-stim for purchase is not medically necessary.