

Case Number:	CM14-0021751		
Date Assigned:	05/07/2014	Date of Injury:	10/08/2009
Decision Date:	08/04/2014	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 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:

This is a 47-year-old male with a 10/8/09 date of injury after a motor vehicle accident. He was seen on 11/12/13. He has ongoing complaints of low-neck pain and neck pain with radiation to the right lower extremity and numbness and tingling in the fourth and fifth digit of the left upper extremity. Exam findings revealed tenderness and spasm of the cervical, and lumbar spine, as well as left shoulder with decreased range of motion. Straight leg raise was positive on the left. The diagnosis is lumbar and cervical radiculopathy and right shoulder impingement syndrome. He was seen again on 12/16/13 (the progress note was handwritten and partially illegible) for the same complaints and similar exam findings as prior in addition to a positive Apley's test. Eight more sessions of acupuncture and physical therapy, a Functional Capacity Evaluation, and multi-stimulator unit were requested at this time. The 1/4/12 electromyography (EMG): chronic left C5 and L5 radiculopathy, mild bilateral carpal tunnel syndrome, and physical therapy of the left shoulder. Treatment to date: acupuncture, medication management, and physical therapy. A UR decision dated 1/28/14 denied the request for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL SOLACE MULTI STIM UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that electrical stimulation units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. There is no rationale as to why the patient requires this unit or what it will be used for as the patient has complaints of pain in multiple areas, or why a TENS unit is not sufficient. There are no specific long and short-term goals identified for the unit. Therefore, the request for a multi-stim unit was not medically necessary.