

Case Number:	CM14-0030413		
Date Assigned:	04/09/2014	Date of Injury:	11/18/2011
Decision Date:	10/17/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; and unspecified amounts of physical therapy over the course of claim. In a Utilization Review Report dated January 9, 2014, the claims administrator denied a request for MultiStim unit, five-month rental. The applicant's attorney subsequently appealed. In a progress note dated July 1, 2013, the applicant reported persistent complaints of low back pain, reportedly improving, status post earlier spine surgery. The applicant was asked to pursue additional physical therapy. The applicant's work status was not clearly stated. On November 20, 2013, in a medical-legal evaluation dated November 20, 2013, the applicant reported persistent complaints of low back pain radiating to the left leg, 2/10. The applicant did reportedly have comorbidities including diabetes. It did not appear that the applicant was working as a truck driver, although this was not clearly stated. In a November 13, 2013, handwritten progress note, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain. A multi stimulator unit, back brace, and continuous cooling unit were apparently sought. The applicant's work status was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI- STIM UNIT (WITH LEAD-WIRES, ELECTRODES, A/C ADAPTOR); 5 MONTH RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation topic. Page(s): 121. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Multi Stim Unit - Post Surgical Rehab Specialists www.postsurgicalrehab.com/pdf/MSUandMicroZ.pdf

Decision rationale: Based on the product description, the multistimulator unit appears to represent an amalgam of three different forms of transcutaneous electrotherapy, namely conventional TENS therapy, interferential current stimulation and neuromuscular stimulation. However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular stimulation, one of the modalities which comprises the device, is not recommended in the chronic pain context present here but, rather, is recommended only in the post-stroke rehabilitative context. In this case, there is no evidence that the applicant has suffered or sustained a stroke. Since the neuromuscular electrical stimulation component in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.