

Case Number:	CM14-0048480		
Date Assigned:	07/02/2014	Date of Injury:	12/20/2013
Decision Date:	09/05/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/16/2014

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 38-year-old patient with a December 20, 2013 date of injury. He injured himself when a car hit him while he was doing his landscaping job. A progress report dated on 1/27/14 indicated that the patient complained of head pain rated on 8/10 on the VAS scale. The pain progress during the day and decreased with rest. The patient also complained of lower back pain, 8/10 radiated to the thoracic spine, lumbar spine and right leg with numbness and tingling. The pain aggravated with prolonged standing, and sitting. Objective findings of the cervical spine revealed no evidence of surgical intervention. There was bilateral tenderness of the paraspinals, occipital and upper trapezius muscles. Lumbar spine revealed tenderness over the parasinal and quadratus lumborum muscles, and slightly decreased range of motion. He was diagnosed with Cervical spine sprain, Lumbar spine sprain and Thoracic spine sprain. Treatment to date: medication management, chiropractic treatment and physical therapy. There is documentation of a previous 3/18/14 adverse determination. The decision for denial was not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace multi-stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The multistim unit incorporates interferential, TENS (transcutaneous electrical nerve stimulation), NMS (neuromuscular stimulation)/EMS (electromuscular stimulation), and galvanic therapies into one unit. However, there is no documentation of a rationale identifying why a combined electrotherapy unit would be required as opposed to a TENS unit. In addition, the Chronic Pain Medical Treatment Guidelines does not consistently recommend interferential, NMS, and galvanic electrotherapy. The patient presented with the pain over his lower back radiating to the thoracic spine and lumbar spine, and headache. However, there was no documentation of failure of conservative treatment. In addition the Chronic Pain Medical Treatment Guidelines does not recommended interferential, NMS, and galvanic electrotherapy. Therefore, the request for Solace multi stim unit is not medically necessary or appropriate.