MAXIMUS Federal Services

Case Number:	CM14-0053902		
Date Assigned:	07/07/2014	Date of Injury:	08/26/2013
Decision Date:	09/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 neck, mid back, and bilateral upper extremity pain reportedly associated with cumulative trauma at work first claimed on August 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for a five-month rental of the Solace multi stimulator device. The applicant's attorney subsequently appealed. In a December 19, 2013 office visit, electrodiagnostic, a multi stimulator unit, traction, and manipulative therapy were sought. The applicant was described as no longer working. The applicant was placed off of work, on total temporary disability owing to ongoing complaints of neck pain, mid back pain, headaches, anxiety, insomnia, and brachial neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace Multi Stim unit 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS, Neuromuscular Electrical Stimulation and Interferential Current Stimulations Page(s): 114-116, 121 and 118-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

Decision rationale: The article in question was apparently first requested on December 19, 2013, making the MTUS Guideline in ACOEM Chapter 8 a more appropriate selection than the MTUS Chronic Pain Medical Treatment Guidelines. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, TENS units are deemed "not recommended." The multi stimulator device in question does represent a form of transcutaneous electric therapy. No rationale for long-term usage of the device in question was furnished in the face of the unfavorable ACOEM position on the same. While ACOEM Chapter 8, page 174 does suggest that palliative tools such as TENS units can be used on a trial basis, ACOEM qualifies about the recommendation by noting that such tools should be monitored closely. The five-month rental of the multi stimulator unit being sought by the attending provider does not, by definition, make provisions for close monitoring of the applicant to ensure functional improvement with the same. Therefore, the request is not medically necessary.