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| <b>Case Number:</b>   | CM14-0068850 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 10/20/2009 |
| <b>Decision Date:</b> | 12/15/2014   | <b>UR Denial Date:</b>       | 04/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/13/2014 |

### 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 Montana. 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 date of injury of 10/20/09 when his left leg gave way causing him to fall. The records show that he had a prior injury to the low back resulting in left radicular symptoms. The limited medical records provided show that the injury has resulted in complains of chronic neck and low back pain, cervicgia, bilateral shoulder pain, and upper extremity radicular pain and neuropathic pain. Diagnoses include chronic neck pain, chronic right shoulder pain status post arthroscopy with full-thickness rotator cuff tear, chronic low back pain with disc protrusion at L4-5 and L5-S1, and intermittent left lower extremity radiculopathy. Treatment has included hydrocodone, ibuprofen and cyclobenzaprine. The most recent medical records show ongoing pain in the neck, low back and right shoulder. The treating physician has requested Multi Stim Unit with supplies times 5 month rentals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Stim Unit with supplies times 5 month rentals:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** Multi Stim Units are able to perform as muscle stimulators, standard interferential units or TENS units. The MTUS notes that use of TENS (transcutaneous electrical nerve stimulation) for chronic pain is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While 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. Recommended conditions include a home-based initial treatment trial of one month for neuropathic pain and CRPS II/CRPS I, neuropathic pain, diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity, and multiple sclerosis. Criteria for the use of TENS for chronic pain include documentation of pain of at least three months duration with evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended the reason for that request should be documented. Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. Neuromuscular electrical stimulation (NMES) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In this case the injured worker has multiple pain complaints and the medical records are not specific as to which body part is to be treated. There is no treatment plan provided including specific short-term and long-term goals of treatment with the Multi Stim unit. It is requested for a 5 month rental as opposed to a one-month trial. The request for Multi Stim Unit with supplies times 5 month rentals is not consistent with MTUS guidelines and is not medically necessary.