

<b>Case Number:</b>	CM13-0037978		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 43-year-old female with a date of injury of 02/16/2011. According to progress report dated 08/26/2013, the patient presents with moderate low back pain that is primarily localized over the paraspinous musculature and spinous process of the lower back. The patient also continues to have bilateral lower extremity radiculopathy that is left-side dominant. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature and the spinous process. There is mild guarding over the gluteal musculature. The patient has significant reduction of flexion and extension. There is bilateral sciatic notch tenderness as well. The listed diagnoses are: 1. Left shoulder impingement. 2. L4-L5 disk herniation with left-sided radiculopathy. 3. Left knee tendinitis. 4. Morbid obesity. The treatment plan is for epidural injection, independent exercises, aqua therapy, and a Pro-Stim 5.0 unit for home use. The patient remains temporarily totally disabled. The utilization review denied the request on 10/09/2013. Treatment reports from 02/01/2013 through 11/15/2013 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pro-Stim 5.0 Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Criteria for the use of TENS Page(s): 118-120; 116.

**Decision rationale:** This patient presents with ongoing low back pain. The current request is for DME: Pro-Stim 5.0 unit. The ACOEM, MTUS and ODG guidelines does not specifically discuss the Pro-stim 5.0 unit. Pro-stim is a nerve stimulation device that includes TENS, NMS and Interferential unit. Per MTUS Guidelines page 116, shares that TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. The MTUS Guidelines do support a trial of TENS with criteria met. Interferential units are supported by MTUS on page 118 to 120 when there is documentation of intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, a one-month trial is then recommended. The treating physician in this case has not specified if this request is for a 30 day trial or for purchase. In addition, the request is for a combo unit, of which electrical muscle stimulator, also known as NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In this case, the patient does not meet the criteria for this combo unit. The requested Pro-stim IS NOT medically necessary.