

Case Number:	CM14-0186390		
Date Assigned:	11/14/2014	Date of Injury:	06/15/2012
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family 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 55 year old male sustained a work related injury on June 15, 2012. The mechanism of injury was not included in the documentation provided. On June 28, 2014, the treating physician noted lower back pain with radiation to upper back and bilateral lower extremities, and bilateral knee pain. The physical exam revealed a normal lumbar curve without asymmetry, tenderness over the parathoracic and lumbar spine, mildly decreased range of motion of the thoracic and lumbar spine, positive Kemp's and Goldthwaite tests, negative lumbar disc herniation exam, a normal gait, abnormal heel/toe walk, some tenderness of the left and dorsum of the foot upon palpation, and mild to moderate decreased range of motion of the foot joints. The neurological exam revealed negative upper motor signs and normal sensations. Prior treatment included topical compounds and transdermal analgesics in addition to oral diabetic, ace inhibitor, beta blocker, anti-platelet, diuretic, and statin medications. The treating physician noted that a nerve conduction study revealed peripheral neuropathy related to the injured worker's back injury or diabetes. The current diagnoses included thoracic spondylosis and sprain/strain, lumbar spine sprain/strain, with mild herniated disc and neuropathy due to lumbar disc or related to diabetes, left ankle sprain/strain with tendonitis, diabetes, hypertension, and status post coronary artery disease (CAD). The physician recommended no changes of the oral medications that included analgesics. The injured worker was to remain off work for four weeks. The Utilization Review dated October 27, 2014 non-certified the request for a [REDACTED] Multi-stimulation Unit rental with lead wires, electrodes, and adapter for 5 months. The request was non-certified based on insufficient medical documentation to determine medically necessity as requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-stream unit rental for 5 months, lead wires, electrodes for 5 months and adapter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC online version for aqua relief

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

Decision rationale: The patient has long-standing chronic low back pain with radiation to the lower extremities. The Multi-stream unit is considered experimental for the treatment of chronic musculoskeletal pain; because there are no clinical trials to show that its benefit is equal to standard treatments of more proven value. Additionally, the documentation presented, does not demonstrate a clear need for this form of treatment. The Multi-stream unit is not medically indicated.