

<b>Case Number:</b>	CM14-0195227		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	09/19/2008
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Neurology 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 57-year-old male who sustained an industrial injury on September 19, 2008. He is status post right shoulder arthroscopy on November 2, 2011 and status post right shoulder manipulation under anesthesia on July 7, 2012. The patient was seen for an initial pain management consultation on October 8, 2014 at which time he reported his injury due to constant pulling, folding and pushing. Treatment to date has consisted of medications, physical therapy, chiropractic, acupuncture, and cortisone injections with no improvement. He complained of right shoulder, hand and wrist pain rated 6/10 and elbow pain rated 5/10. With medications, right shoulder, hand and wrist pain is 2/10 and right forearm/elbow pain is 1/10. The patient was diagnosed with right wrist sprain strain, right hand sprain strain, right elbow sprain strain, right shoulder sprain strain, and insomnia. Utilization review was performed on October 24, 2014 at which time the request for aspen back brace and multi-stim unit was noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of an aspen back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back; Lumbar Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** According to the ACOEM guidelines lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to ODG, there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. In this case, the patient is far into the chronic phase of injury, and lumbar support would not be medically necessary as per the cited guidelines.

**Purchase of a multi-stim unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS, chronic pain; BlueCross BlueShield, TENS

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Interferential current stimulation Page(s): 114-116; 120.

**Decision rationale:** The request for Multi-Stim unit is not medically necessary. According to the CA MUTS guidelines, TENS, chronic pain (transcutaneous electrical nerve stimulation) 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 these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis .The CA MUTS guidelines state that interferential may be trialed for one month if pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or there is history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or the patient is unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). In this case, the medical records do not establish that the patient meets the criteria for being prescribe a multi-stim unit.