

<b>Case Number:</b>	CM14-0209215		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 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 54 year old male with an injury date of 09/19/13. Based on the 11/07/14 progress report provided by treating physician, the patient complains of neck pain rated 7/10 without medications and 5/10 with medications. Patient also complains of pain to middle back which radiates into bilateral ribs rated 8/10 with medications and 5/10 without. Patient also complains of low back pain which radiates into bilateral lower extremities rated 7-8/10 with medications and 5/10 without. Patient does not have a history of surgical intervention directed at this complaint. Physical examination dated 11/07/14 revealed tenderness in C-spine, L-spine and T-spine. Range of motion was decreased in cervical, thoracic and lumbosacral spine in all planes. The patient is currently prescribed Cyclobenzaprine and Norco. Diagnostic imaging was not included with the report. Per progress report dated 11/07/14 patient is advised to remain off work until 12/21/14. Diagnosis 11/07/14, 10/03/14- Headache- Cervical sprain/strain- Thoracic sprain/strain- Lumbar radiculopathy- Lumbar sprain/strain- Insomnia The utilization review determination being challenged is dated 12/05/14. The rationale is "...there is no indication of short and long term goals for the use of a stimulation unit. There is no information that a TENS has been tried and failed. The guidelines would only support a 1-month trial of electrical stimulation to determine efficacy." Treatment reports were provided from 06/06/14 to 11/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi-Stim Unit plus supplies (5 month rental for the lumbar spine): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Stimulation Units; NMES (neuromuscular electrical stimulation) devices Page(s): 118-120;.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, in regards to spinal stimulation units states "Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine:- Pain is ineffectively controlled due to diminished effectiveness of medications; or- Pain is ineffectively controlled with medications due to side effects; or- History of substance abuse; or- Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)Regarding NMES (neuromuscular electrical stimulation) devices, MTUS p121 states, "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." The Multi-Stim Unit is a proprietary electrical stimulation system which combines TENS, interferential and neuromuscular stimulation modalities into one unit for the treatment of chronic pain in individuals whose symptoms are poorly controlled with medications and other conservative therapies. Progress report dated 11/07/14 indicates that the injured worker's symptoms of chronic pain are poorly managed with medications; however there is no discussion of the failure of other conservative methods such as physical therapy to produce results. Furthermore, MTUS indicates that neuromuscular stimulation is not recommended for chronic pain, but for stroke rehabilitation. Therefore, this request is not medically necessary.