MAXIMUS Federal Services

Case Number:	CM15-0004589		
Date Assigned:	01/15/2015	Date of Injury:	01/09/2013
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 63 year old male with an industrial injury dated 1/9/2013. The diagnoses included cervical myofascial pain, intervertebral disc disease and bilateral carpal tunnel syndrome. The treatments included physical therapy and medications. Diagnostics were electromyodiagnostics, x-rays and magnetic resonance imaging. The treating provider's progress note described decreased range of motion of the right wrist, neck spasms, radiating to the left arm with numbness. The UR determination denied request on 12/17/2014 for Interferential Stimulation unit supplies and rental x 5 months citing MTUS Chronic pain Treatment guidelines, Interferential unit, Lumbar, ACOEM chapter 12, ODG Low Back.

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 x 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) , Neuromuscular electric. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation ICS Page(s): 118-120.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities, left worse than right. The request is for MULTI STIM UNIT PLUS SUPPLIES, 5 MONTH RENTAL FOR THE LUMBAR SPINE. The patient is currently not working.MTUS Chronic Pain Medical Treatment Guidelines, p118-120, 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. In this case, the 10/23/14 progress report states that "the medications relieve the pain." There is no discussion of the failure of other conservative methods such as physical therapy or acupuncture to produce results. Furthermore, MTUS indicates that neuromuscular stimulation is not to recommended for chronic pain, but for stroke rehabilitation. Therefore, this request IS NOT medically necessary.