

Case Number:	CM15-0109842		
Date Assigned:	06/16/2015	Date of Injury:	09/01/2014
Decision Date:	07/20/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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 female, who sustained an industrial injury on 9/1/2014. The current diagnoses are lumbago and lumbar radiculitis. According to the progress report dated 3/25/2015, the injured worker complains of constant, moderate, achy low back pain with radiation into her right hip. The pain is rated 4/10 on a subjective pain scale. The physical examination of the lumbar spine reveals painful and restricted range of motion, positive Kemp's test and positive straight leg raise test on the right. The current medications are Percocet, Zanaflex, Motrin, Cymbalta, and Nexium. Treatment to date has included medication management, hot/cold packs, computed tomography scan, and physical therapy. The plan of care includes 5 month multi stim unit with supplies rental.

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 for 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 118, 120. Decision based on Non-MTUS Citation <http://www.postsurgicalrehab.com/pdf/MSUandMicroz.pdf>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Interferential Current Stimulation (ICS) NMES (neuromuscular electrical stimulation) devices Page(s): 116-121.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for MULTI STIM UNIT PLUS SUPPLIES FOR 5 MONTH RENTAL. The request for authorization is dated 05/15/15. Physical examination of the lumbar spine reveals painful range of motion. Kemp's and Straight Leg Raise causes pain. Patient's medication include Meloxicam. Per progress report dated 05/06/15, the patient to remain off-work. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." 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." Per progress report dated 03/25/15, treater's reason for the request is "for the Lumbar Spine due to weakness and pain." The Multi Stim Unit is a proprietary electrical stimulation system which combines TENS, IF, and NMES 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 patient continues with constant achy low back pain. However, MTUS guidelines state that neuromuscular electrical stimulation (NMES) devices are 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. There are no interventional trials suggesting benefit from NMES for chronic pain or postsurgical care. Also, MTUS guidelines state that interferential current stimulation is indicated for patients with intolerability to medications, postoperative pain, history of substance abuse, etc. For these indications, a 1-month trial is then recommended. Finally, for TENS unit, MTUS guidelines state that TENS unit have not proven efficacy in treating chronic pain and is not recommended as primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple sclerosis. Therefore, NMES units are not supported by MTUS and the patient does not meet the indication for an IF unit or TENS unit as the treater is requesting a 5-month rental without documentation of a 1-month trial. The request IS NOT medically necessary.