

<b>Case Number:</b>	CM15-0130866		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 58 year old female sustained an industrial injury to the low back on 9/3/10. Previous treatment included lumbar fusion (5/2011), physical therapy, acupuncture, chiropractic therapy, epidural steroid injections, back brace, home stimulator and medications. Magnetic resonance imaging lumbar spine (6/25/14) showed disc protrusion at L5-S1 resulting in abutment of the S1 nerve root, mild central spinal stenosis and mild facet arthropathy. In the only documentation submitted for review, an orthopedic spine surgery consultation dated 12/12/14, the injured worker complained of constant low back pain associated with muscle spasms and radicular pain into the buttocks, thick and left leg. The injured worker stated that she was about the same postoperatively as she was preoperatively. Current medications included Norco, Ibuprofen and a muscle relaxer. Physical exam was remarkable for lower extremities with mild left ankle weakness and mild left lower extremity sensory deficit. The injured worker stood with normal station, had a mildly antalgic short stance phase on the left but was otherwise able to balance on her toes and heels. Current diagnoses included status post lumbar fusion, lumbago and sciatica. The physician recommended continuing anti-inflammatory medications, continuing daily aerobic activities, considering invasive pain management including epidural steroid injections and follow up in six months to a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MultiStim unit with electrodes #40, leadwires #20 and adaptor:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS; Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES) Page(s): 116, 117, 118, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neuromuscular stimulation.

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

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about the patient having a TENS unit and using it. There is no documentation of neuropathic pain in this case. Therefore, the prescription of MultiStim unit with electrodes #40, lead wires #20 and adaptor is not medically necessary.