

<b>Case Number:</b>	CM15-0142992		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/10/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male sustained an industrial injury to the knees and back on 7-10-12. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (8-5-13) showed disc bulge at L5-S1 with right neuroforaminal narrowing with Modic degenerative endplate changes, disc bulge at L4-5 with facet hypertrophy and minor disc degeneration at L2-3 and L3-4. In a PR-2 dated 7-7-15 the injured worker complained of frequent low back with radiation down bilateral lower extremities associated with numbness and tingling of the right lower extremity. Physical exam was remarkable for lumbar spine with decreased range of motion, positive bilateral straight leg raise, tenderness to palpation and decreased right extensor hallucis longus strength. Current diagnoses included lumbar spine sprain and strain, aggravation of symptomatic L5-S1 discogenic residual low back pain and spinal stenosis. The treatment plan included discontinuing Norco and beginning Tramadol, continuing Celebrex or Ibuprofen and continuing to await authorization for magnetic resonance imaging lumbar spine, electromyography and nerve conduction velocity test bilateral lower extremities, acupuncture and multi stim unit plus supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Stim Unit (Solace Multi Stim Unit) plus supplies x3 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation <http://www.postsurgicalrehab.com/pdf/MSUandMicroZ.pdf>.

**Decision rationale:** Multi Stim Unit (Solace Multi Stim Unit) plus supplies x3 months is not medically necessary per the MTUS Guidelines and a review online of this product. A review of this product online indicates that this device uses interferential current stimulation, TENS, and NMES. The MTUS guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The MTUS Chronic Pain Medical Treatment Guidelines notes that NMES is not supported for the treatment of chronic pain and used primarily for post stroke rehabilitation. Additionally, the Chronic Pain Medical Treatment Guidelines note that interferential current stimulation (ICS) is not recommended as an isolated intervention. The unit includes NMES which are clearly not recommended per the MTUS guidelines for chronic pain in this patient's condition. The patient has not had any documentation of stroke. There are no indications for a Multi Stim Unit for this patient. The MTUS does not support longer than a one month trial of TENS and does not support continued TENS use without a trial of pain relief, functional improvement, and documentation of how often this unit was used. The request exceeds the one month trial period and there is no evidence that any prior TENS use has increased this patient's function. The documentation does not support the necessity of this device. Therefore, the request for Multi Stim Unit plus supplies is not medically necessary.