

<b>Case Number:</b>	CM15-0149561		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/04/2013
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 48 year old male, who sustained an industrial injury on October 4, 2013. The injured worker was diagnosed as having headaches, anxiety, insomnia and neuropathic scalp pain. Treatment to date has included medication. A progress note dated June 11, 2015 provides the injured worker complains of neck pain and headaches rated 4 out of 10. He reports pain is unchanged from previous visit. Physical exam notes cervical tenderness to palpation with spasm and decreased range of motion (ROM). There is a request for Transcutaneous Electrical Nerve Stimulation (TENS) unit, cervical exercise equipment, electrodes, lead wires and adaptor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Adaptor:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 114-117.

**Decision rationale:** MTUS Guidelines are clear in stating that the Solace Multi Stimu Unit is not medically necessary. It is also clear that the requested adaptor is directly related to the use of this Stim unit. This leads to the direct conclusion that the Adaptor is not supported by Guidelines. The adaptor is not medically necessary.

**Cervical exercise equipment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Upper back and neck chapter, exercise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/exercises.

**Decision rationale:** MTUS Guidelines strongly recommend exercises for chronic pain, but specific equipment is generally deemed not necessary. ODG directly addresses this issue for the neck and no specific special equipment is recommended to perform the recommended exercises i.e. stretching and strengthening. There are no unusual circumstances documented that would justify an exception to the Guideline recommendations. The cervical exercise equipment is not medically necessary.

**Electrodes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** MTUS Guidelines are clear in stating that the Solace Multi Stimu Unit is not medically necessary. It is also clear that the requested electrodes are directly related to the use of the Stim unit. This leads to the direct conclusion that the electrodes are not supported by Guidelines. The electrodes are not medically necessary.

**Lead wires:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** MTUS Guidelines are clear in stating that the Solace Multi Stimu Unit is not medically necessary. It is also clear that the requested lead wires are directly related to the

use of the Stim unit. This leads to the direct conclusion that the lead wires are not supported by Guidelines. The lead wires are not medically necessary.

**Solace Multi Stimu Unit rental (TENS units) 5 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-115 121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-118.

**Decision rationale:** MTUS Guidelines address this issue in detail and do not support the use of multi stim units. This unit includes neuromuscular stimulation, interferential stimulation and TENS stimulation. The Guidelines specifically state that neuromuscular stimulation (NMES) is not supported. The Guidelines also state that interferential stimulation (IF) is not recommended unless there has been a prior trial of a TENS unit and only if the IF unit was applied by a health care professional and found to be beneficial. In addition, if a usual and customary TEN unit is trialed, the trial is limited to 30 days. There are no unusual circumstances to justify an exception to Guidelines. The Solace Multi Stimu Unit rental (TENS units) 5 months is not supported by Guidelines and is not medically necessary.