

<b>Case Number:</b>	CM15-0162583		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	01/26/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 41 year old female, who sustained an industrial injury on 01-26-2015. She has reported injury to the low back, right hand, right knee, and right ankle. The diagnoses have included neck pain; right hand pain; sacroiliac joint pain; right knee contusion; right ankle sprain; low back pain; lumbar sprain-strain; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Tramadol, Nabumetone, Acetaminophen, Naproxen, Ibuprofen, Methocarbamol, and Gabapentin. A progress report from the treating physician, dated 06-11-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain that radiates to the bilateral legs, with numbness and aching pain; the pain is rated at 9 out of 10 in intensity; neck pain rated at 5 out of 10 in intensity; and she is currently not working. Objective findings included tenderness to the lumbar spine; reduced sensation to light touch, pinwheel at the right S1 distribution; and lumbar ranges of motion are decreased. The treatment plan has included the request for 2 lead wires; 1 adaptor and installation; 40 pairs of electrodes (8 pairs per month for 5 months); and 5 month Solace Multi-stimulator unit rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 leadwires:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** This multi stimulation unit includes 3 forms of therapy, a TENS, interferential, and neuromuscular stimulator. MTUS Guidelines, Muscle Stimulator Neuromuscular Electrical Stimulation, page 121 states 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. MTUS Guidelines, Interferential Current Stimulation, page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain. It 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. MTUS Guidelines, Transcutaneous electrotherapy, page 116, states 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. The patient is diagnosed with neck pain; right hand pain; sacroiliac joint pain; right knee contusion; right ankle sprain; low back pain; lumbar sprain-strain; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, and physical therapy. The reason for the request is not provided. In this case, 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. Since the requested Solace stim-unit is not authorized, the requested lead wires IS NOT medically necessary either.

**1 adaptor and installation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient was injured on 01/26/15 and presents with neck pain and low back pain which radiates to the bilateral legs. The request is for 1 ADAPTOR AND INSTALLATION. There is no RFA provided and the patient is on temporary total disability as of 06/11/15. This multi stimulation unit includes 3 forms of therapy, a TENS, interferential, and neuromuscular stimulator. MTUS Guidelines, Muscle Stimulator Neuromuscular Electrical

Stimulation, page 121 states 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. MTUS Guidelines, Interferential Current Stimulation, page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain. It 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. MTUS Guidelines, Transcutaneous electrotherapy, page 116, states 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. The patient is diagnosed with neck pain; right hand pain; sacroiliac joint pain; right knee contusion; right ankle sprain; low back pain; lumbar sprain-strain; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, and physical therapy. The reason for the request is not provided. In this case, 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. Since the requested Solace stim-unit is not authorized, the requested adaptor and installation IS NOT medically necessary either.

**40 pairs of electrodes (8 pairs per month for 5 months): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient was injured on 01/26/15 and presents with neck pain and low back pain which radiates to the bilateral legs. The request is for 40 PAIRS OF ELECTRODES (8 PAIRS PER MONTH FOR 5 MONTHS). There is no RFA provided and the patient is on temporary total disability as of 06/11/15. This multi stimulation unit includes 3 forms of therapy, a TENS, interferential, and neuromuscular stimulator. MTUS Guidelines, Muscle Stimulator Neuromuscular Electrical Stimulation, page 121 states 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. MTUS Guidelines, Interferential Current Stimulation, page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment

have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain. It 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. MTUS Guidelines, Transcutaneous electrotherapy, page 116, states 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. The patient is diagnosed with neck pain; right hand pain; sacroiliac joint pain; right knee contusion; right ankle sprain; low back pain; lumbar sprain-strain; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, and physical therapy. The reason for the request is not provided. In this case, 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. Since the requested Solace stim-unit is not authorized, the requested electrodes ARE NOT medically necessary either.

**5 month Solace Multi-stimulator unit rental: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** The patient was injured on 01/26/15 and presents with neck pain and low back pain which radiates to the bilateral legs. The request is for 5 MONTH SOLACE MULTI-STIMULATOR UNIT RENTAL. There is no RFA provided and the patient is on temporary total disability as of 06/11/15. This multi stimulation unit includes 3 forms of therapy, a TENS, interferential, and neuromuscular stimulator. MTUS Guidelines, Muscle Stimulator Neuromuscular Electrical Stimulation, page 121 states 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. MTUS Guidelines, Interferential Current Stimulation, page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain. It 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. MTUS Guidelines, Transcutaneous electrotherapy, page 116, states 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. The patient is diagnosed with neck pain; right hand pain; sacroiliac joint pain; right knee contusion; right ankle sprain; low back pain; lumbar sprain-strain; and lumbar radiculopathy. Treatment to date has

included medications, diagnostics, and physical therapy. The reason for the request is not provided. In this case, 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 requested solace multi-stim unit IS NOT medically necessary.