

Case Number:	CM15-0198886		
Date Assigned:	10/14/2015	Date of Injury:	06/24/2014
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida
 Certification(s)/Specialty: Family Practice

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 55 year old female, who sustained an industrial injury on 06-24-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for lumbar myositis-myalgia, lumbar radiculopathy, lumbar spine sprain-strain, cervical radiculopathy, cervical spine sprain-strain, insomnia, anxiety, and depression. Treatment and diagnostics to date has included lumbar spine MRI, acupuncture, and medications. Recent medications have included Hydrocodone and topical analgesic cream. After review of the progress note dated 08-03-2015, the injured worker reported neck and low back pain rated 8 out of 10 without medications. Objective findings included decreased cervical and lumbar spine range of motion, positive Spurling's and cervical distraction tests bilaterally, tenderness and myospasms over bilateral paralumbar muscles, and bilateral positive straight leg raise test. The Utilization Review with a decision date of 09-08-2015 denied the request for Solace Multi-Stim Unit purchase and back brace support purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace multi stim unit purchase: Upheld

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

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

Decision rationale: A Solace multi stem unit is being requested for purchase. This unit is a combination unit that includes interferential stimulation, neuromuscular stimulation, and a TENS unit. This patient's case fails to meet MTUS guidelines for TENS unit criteria use. California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. 3. Other ongoing pain treatment should also be documented during the trial period including medication usage. 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. There is also no documentation of a trial of TENS unit, or that other treatment modalities have been tried and failed. Likewise, this request for a Solace multi stem unit purchase (which contains a TENS unit) is not medically necessary.

Back support purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: California MTUS guidelines state, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well documented to have chronic pain, and to be completely disabled. He is not in the acute phase of an injury. Likewise this request is not medically necessary.