

<b>Case Number:</b>	CM15-0028313		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Arizona, California  
 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 male, who sustained an industrial injury on January 16, 2013. The diagnoses have included lower extremity neuritis and displacement of lumbar IVD without myelopathy. Treatment to date has included medication, physical therapy and acupuncture therapy. Currently, the injured worker complains of severe dull neck pain, constant severe, dull upper, mid and low back pain aggravated by repetitive movement, looking up and looking down. There is relief with medication. There is limited range of motion and the injured worker had a positive right straight leg raise. On January 12, 2015 Utilization Review non-certified a request for multi-stem unit for the lumbar spine, noting that there is no documentation of a specific neuropathic pain area to be addressed and the guidelines do not recommend use of a stim unit for short-term treatment for chronic pain. The California Medical Treatment Utilization Schedule was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of multi-stem unit for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Stem Unit (lumbar spine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had received more definitive intervention including therapy, pain medications, manual therapy and The length of use was not specified. There is no documentation of neuropathic findings. The request for a TENS unit is not medically necessary.