

Case Number:	CM15-0212436		
Date Assigned:	11/02/2015	Date of Injury:	01/10/2013
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/28/2015

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: Texas, Illinois
 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:

This is 56 year old female with a date of injure on 1-10-13. A review of the medical records indicates that the injured worker is undergoing treatment for head, neck, bilateral shoulders, left elbow and left wrist. Progress report dated 9-1-15 reports continued complaints of headaches, neck pain associated with headaches and radiating pain, tingling and numbness to bilateral upper extremities rated 5 out of 10 with medication, right shoulder pain rated 5 out of 10 with medication, left shoulder pain rated 3 out of 10 with medication, left elbow pain is dull and aching rated 5 out of 10 with medication and left wrist pain is rated 5 out of 10 with medication. All pain levels go up to 9 out of 10 without medication. She also has complaints of difficulty sleeping. Objective findings: there is tenderness and restricted range of motion due to pain in all areas of complaint. According to the medical records on 4-7-15 the injured worker refused any treatment, therapy or injection and requested narcotics for severe pain. Request for authorization dated 9-1-15 was made for Solace multi stim unit for the cervical spine, 5 month rental and Supplies for Multi Stim rental including Lead wires, Electrodes, adapter and installation (Cervical Spine). Utilization review dated 9-30-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace multi stim unit for the cervical spine, 5 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation <http://www.postsurgicalrehab.com/pdf/MSUandMicroZ.pdf>.

Decision rationale: The injured worker sustained a work related injury on 1-10-13. The medical records provided indicate the diagnosis include headache, cervical radiculopathy, cervical strain, right shoulder muscle spasms, right shoulder strain, left shoulder muscle spasms, left shoulder strain, left elbow sprains strain, anxiety, loss of sleep, Depression. Treatments have included Tramadol, Alprazolam. The medical records provided for review do not indicate a medical necessity for. Solace multi stim unit for the cervical spine, 5 month rental. Multi Stem unit is reported to be a device that combines 3 forms of Electrical Stimulation to assist in Pain Relief, Pain Management, Reduction of Edema and Muscle Re-Education. It combines T.E.N.S. Interferential, and Neuromuscular Stimulator. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. The medical records indicate the injured worker is refusing order forms of treatment except pain medication; therefore, the MTUS recommendation for a one month trial to be based on documentation of failed conservative treatment has not been met; besides, there is no evidence this would be done as an adjunct to a functional restoration period. Furthermore, the MTUS recommends 30 day rental period, not 5 months

Supplies for Multi Stim rental including Lead wires, Electrodes, adapter and installation (Cervical Spine): 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 based on Non-MTUS Citation <http://www.postsurgicalrehab.com/pdf/MSUandMicroZ.pdf>.

Decision rationale: The injured worker sustained a work related injury on 1-10-13. The medical records provided indicate the diagnosis include headache, cervical radiculopathy, cervical strain, right shoulder muscle spasms, right shoulder strain, left shoulder muscle spasms, left shoulder strain, left elbow sprains strain, anxiety, loss of sleep, Depression. Treatments have included Tramadol, Alprazolam. The medical records provided for review do not indicate a medical necessity for. Supplies for Multi Stim rental including Lead wires, Electrodes, adapter and installation (Cervical Spine). The Supplies for Multi Stim rental including Lead wires, Electrodes, adapter and installation (Cervical Spine) is not medically necessary because it has been determined the Multi Stim unit is not medically necessary.

