

Case Number:	CM15-0216614		
Date Assigned:	11/06/2015	Date of Injury:	10/14/2014
Decision Date:	12/18/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/03/2015

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: New Jersey

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 30 year old male who sustained an industrial injury on 10-14-14. The injured worker reported lumbar pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical and lumbar strain sprain. Medical records dated 5-7-15 indicate lumbar pain rated at 5 out of 10 and headache pain rated at 2-3 out of 10. Provider documentation dated 5-7-15 noted the work status as "regular work". Objective findings dated 5-7-15 were notable for lumbar spine "there is slight lumbar pain, but he is otherwise not limited at all. On exam, there is slight tenderness in midline." The original utilization review (10-26-15) denied a request for a Multi-stim unit, 5-month rental or purchase (lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-stim unit, 5-month rental or purchase (lumbar spine): 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 rationale: Multi-stim unit is a unit, which has both TENS and neuromuscular stimulation capability. The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit.

Neuromuscular stimulation is not recommended by the MTUS Guidelines as it 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 intervention trials suggesting benefit from neuromuscular stimulation for chronic pain. In the case of this worker, the provider requested a 5-month trial or purchase of a multi-stim device. A five-month trial is excessive as only a one-month duration is needed to assess for benefit, and purchase requires a successful trial. Also, neuromuscular stimulation is not recommended. Therefore, this request is not medically necessary.