

Case Number:	CM15-0220310		
Date Assigned:	11/13/2015	Date of Injury:	11/03/2014
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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, 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:

This is a 48-year-old male patient, with a reported date of injury of 11-03-2014. The diagnoses include lumbar myositis, lumbar myalgia, lumbosacral radiculopathy, lumbar spine sprain and strain, knee internal derangement, knee sprain and strain, knee osteoarthritis, insomnia, anxiety, and depression. Per the doctor's note dated 10-07-2015, he had complaints of low back pain, rated 5-6 out of 10 without medications and 3 out of 10 with medications. The pain was aggravated by activities, and was associated with radiating pain, numbness, and tingling to both lower extremities. He also complained of bilateral knee pain, rated 8-9 out of 10, loss of sleep due to pain, anxiety, and depression. The physical examination showed mild distress due to pain; a guarded gait; tenderness and myospasm palpable over the bilateral paralumbar muscles; tenderness to palpation in the sciatic notches; circumscribed trigger points with positive taut bands, twitched response, positive jump sign with pressure over the bilateral paralumbar muscles; positive bilateral straight leg raise test, causing low back pain radiating to posterior thigh upon 30 degrees of right or left leg raising; positive Braggard's test bilaterally; decreased lumbar range of motion in all planes; a normal thoracic spine exam; no paracervical tenderness or myospasm; full cervical range of motion in all planes; normal exam of the shoulder; tenderness of the medial and lateral knee joint lines of both knees; painful patellar tracking in both knees; positive grinding test in both knees; and decreased bilateral knee range of motion due to end range knee pain. The medications list includes Tramadol, Naproxen, Cyclobenzaprine, Omeprazole and topical compound creams. He was recommended to be on temporary total disability for 45 days. The diagnostic studies to date have included x-ray of the

right knee on 07-29-2015 which showed mild medial compartment degenerative changes; and an MRI of the right knee on 07-29-2015 which showed medial compartment degenerative changes, reactive marrow changes and subchondral cyst formation, patellofemoral articular cartilage wear and degeneration, intrasubstance degeneration involving the posterior horn of bilateral menisci, and partial tear and sprain involving the distal quadriceps and proximal patellar tendons. His surgical history includes left knee ACL reconstruction in 2002. Treatments and evaluation to date have included 12 physical therapy visits for the bilateral knees and medications. The request for authorization was dated 10-09-2015. The treating physician requested Solace stim unit for home use, to be used as a non-invasive conservative treatment in addition to the functional restoration program. It was noted that the patient had persistent chronic intractable pain for over three months, and other modalities and medications had failed to control the patient's symptoms. On 10-30-2015, Utilization Review (UR) non-certified the request for Solace stim unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace stim unit for home use: 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: Solace stim unit for home use. Solace Stim Unit is a kind of TENS unit. According to the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of Solace stim unit for home use is not medically necessary for this patient.