

Case Number:	CM15-0035655		
Date Assigned:	03/04/2015	Date of Injury:	07/15/2011
Decision Date:	04/08/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 46 year old female, who sustained an industrial injury on 7/15/2011. The diagnoses have included cervical radiculopathy, cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, right elbow sprain/strain, right wrist sprain/strain, left wrist sprain/strain and loss of sleep. Treatment to date has included physical therapy and medication. According to the Primary Treating Physician's Progress Report dated 12/16/2014, the injured worker complained of dull, aching pain in the neck, lower back, right shoulder, right elbow, right wrist, left wrist, right hand, left hand and left knee. She complained of loss of sleep due to pain. Exam of the cervical spine revealed tenderness to palpation and spasm. Exam of the lumbar spine revealed tenderness to palpation and spasm. There was tenderness to palpation and spasm over the right shoulder. There was tenderness of the right elbow and right wrist. There was tenderness to palpation of the left hand and left knee. The treatment plan was for medications and topical creams. A urine toxicology test was performed. On 2/18/2015 Utilization Review (UR) non-certified a request for a Multi-stim unit. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi stim unit #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit, Neuromuscular electric stimulator.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Multistimulator unit is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical sprain/strain; lumbar sprain/strain; right shoulder sprain/strain; right elbow sprain/strain; right wrist sprain/strain; and insomnia. The request for authorization was dated January 20, 2015. There are two progress notes, one before dated December 16th 2014 and one after dated January 20, 2015, and neither address a multi-stimulator unit. A physical therapy note dated November 10, 2014 states the injured worker is receiving electrostimulation at PT. There are several forms of electrostimulation including TENS Unit and Neuromuscular Electrical Stimulation (NMES) but the treating physician does not distinguish a specific type. Additionally, the anatomical region to be treated is not stated in the medical record. There is no clinical discussion of a one-month trial period. Consequently, absent clinical documentation addressing a multi-stimulator unit on the dates, both before and after the request for authorization on January 20, 2015 and absent a clinical indication and rationale for the multi-stimulator unit, multi-stimulator unit is not medically necessary.