

<b>Case Number:</b>	CM15-0042712		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/30/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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:

The injured worker is a 41 year old female who sustained an industrial injury on 09/30/2010. Current diagnoses include cervical pain, cervical sprain/strain, lumbar disc displacement, lumbar muscle spasm, lumbar myospasm, lumbar sprain/strain, lumbar/lumbosacral disc degeneration, right shoulder myoligamentous injury, left shoulder myoligamentous injury, rotator cuff syndrome, right carpal tunnel syndrome, and left carpal tunnel syndrome. Previous treatments included medication management, left shoulder surgery, physical therapy, left shoulder injection, and psychological evaluation and treatment. Report dated 01/28/2015 noted that the injured worker presented with complaints that included cervical spine, lumbar spine, right shoulder, left shoulder, right wrist, and left wrist pain. Physical examination was positive for abnormal findings. The treatment plan included follow-up with gastrointestinal doctor, refer for aqua therapy, chiropractic therapy, and acupuncture, no NSAID's due to GI complaints, refer for EMG/NCV of bilateral upper extremities, request bilateral wrist brace, LINT therapy 3 sessions for the lumbar spine, request for 30 day trial of transcutaneous electrical nerve stimulation unit, prescriptions for Tramadol and topical compounds, and dispensed cyclobenzaprine. The physician noted that the request for transcutaneous electrical stimulation unit was for treatment of sequelae arising from this industrial injury to decrease pain and decrease the need for oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Stim Unit x 5 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Interferential Current Stimulation (ICS) Page(s): 114-119. Decision based on Non-MTUS Citation <http://www.postsurgicalrehab.com/pdf/MSUandMicroZ.pdf>.

**Decision rationale:** The injured worker sustained a work related injury on 09/30/2010. The medical records provided indicate the diagnosis of cervical pain, cervical sprain/strain, lumbar disc displacement, lumbar muscle spasm, lumbar myospasm, lumbar sprain/strain, lumbar/lumbosacral disc degeneration, right shoulder myoligamentous injury, left shoulder myoligamentous injury, rotator cuff syndrome, right carpal tunnel syndrome, and left carpal tunnel syndrome. Previous treatments included medication management, left shoulder surgery, physical therapy, left shoulder injection, and psychological evaluation and treatment. The medical records provided for review do not indicate a medical necessity for Multi Stim unit x 5 Months. The records indicate there was a concurrent referral for Multi Stim unit and 30 DAY trial of TENS unit; there was no comment on the injured workers return to work status. The Multi Stim unit is said to provide three forms of therapy: T.E.N.S., Interferential and Neuromuscular Stimulator aimed at pain relief, reduction of edema and muscle re-education. The MTUS does not recommend the use of TENS unit except as an adjunct to an evidence based functional restoration program. The MTUS does not recommend the use of Interferential stimulator as an isolated treatment, except in conjunction with return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The concurrent referral for TENS unit and Multi Stim unit is not medically necessary, especially since there is no indication mention of return to work at the time of the request.