

<b>Case Number:</b>	CM15-0052206		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] beneficial who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of June 30, 2014. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve a request for a multi-stimulator device with associated supplies. RFA form received on January 27, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated January 16, 2015, the applicant was placed off work, on total temporary disability, owing to multifocal complaints of headaches, neck pain, back pain, and shoulder pain. Functional capacity testing, neurology consultation, physical therapy, and acupuncture were proposed. A multi-stimulator device was subsequently endorsed, without much in the way of supporting rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Request for Rental Solace Multi-Stim Unit E-Stim Electrodes Multi-Stim Unit Lead Wires AC Adaptor DOS 1-21-15 to 2-20-15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 1212. Decision based on Non-MTUS Citation.

**Decision rationale:** No, the multi-stimulator unit with associated supplies was not medically necessary, medically appropriate, or indicated here. The multi-stimulator unit, per the product description, is an amalgam of several different electric therapy modalities, including conventional TENS therapy, interferential stimulation, and neuromuscular electrical stimulation. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Since one of the modalities in the device is not recommended, the entire device is not recommended.