

Case Number:	CM15-0085637		
Date Assigned:	05/08/2015	Date of Injury:	02/22/2015
Decision Date:	06/29/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 female who sustained an industrial injury on 2/22/2015. Her diagnoses, and/or impressions, are noted to include: sprain/strain of the shoulder/upper arm; cervicalgia/neck pain; lumbago/lumbar spine pain; lumbar radiculitis/neuritis; and lumbar spondylolisthesis/anterolisthesis. No current imaging studies are noted, but a recent right hip and lumbar spine x-rays are noted on 2/26/2015. Her treatments have included modified work duties and medication management. The progress notes of 3/25/2015 reported complaints of continued and severe burning/stabbing neck pain that radiates to her head, that was aggravated by movement; as well as continued moderate-severe burning/aching low back pain that radiates to the left leg/foot, is associated with pressure-like sensation, and is aggravated by activity; she denied bladder or bowel problems. Lastly, she complained of continued and severe burning/aching left foot pain that radiated into her toes, was associated with pressure-like sensations, and was aggravated by activities. Objective findings were noted to include tenderness over the lumbar para-vertebral area, left > right, with positive Kemp test and decreased, painful range-of-motion. The physician's requests for treatments were noted to include the rental of a Solace Multi-stimulation unit with electrodes, lead-wires and adaptor to help with lumbar spine pain at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes (8 pair/month) x5 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 114-121.

Decision rationale: Regarding the request for electrodes, it is noted that the concurrently requested Solace multi-stim unit is not medically necessary. Therefore, there is no clear indication for the current request. As such, the electrodes are not medically necessary.

Leadwires Qty: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 114-121.

Decision rationale: Regarding the request for leadwires, it is noted that the concurrently requested Solace multi-stim unit is not medically necessary. Therefore, there is no clear indication for the current request. As such, the leadwires are not medically necessary.

Adaptor 1x Fee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 114-121.

Decision rationale: Regarding the request for adaptor, it is noted that the concurrently requested Solace multi-stim unit is not medically necessary. Therefore, there is no clear indication for the current request. As such, the adaptor is not medically necessary.

Solace multi-stim unit x5 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 114-121.

Decision rationale: Regarding the request for Solace multi-stim unit, it appears that this device utilizes TENS, interferential, and NMES. Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Additionally, guidelines state that interferential current stimulation is not recommended as an isolated intervention except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Finally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient is failed a TENS unit trial, as recommended by guidelines prior to an interferential unit trial. Additionally, there is no indication that the interferential current stimulation will be used as an adjunct to program of evidence-based rehabilitation, as recommended by guidelines. Furthermore, guidelines do not support the use of neuromuscular stimulation. As such, the currently requested Solace multi-stim unit is not medically necessary.