

<b>Case Number:</b>	CM14-0084666		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old male with a 7/15/13 date of injury. At the time (2/25/14) of request for authorization for Retrospective request for Solace Muti-stim Unit with purchase of E-Stim electrodes, Multi Stim Unit Lead Wires and Multi Unit AC adaptor dispensed from 3/18/14 - 4/17/14 for the lumbar spine and , there is documentation of subjective (low back pain radiating to the right leg with weakness) and objective (painful lumbar range of motion and tenderness to palpation over the lumbar paravertebral muscles with spasms and trigger points) findings, current diagnoses (lumbago and lumbar radiculitis), and treatment to date (medications). In addition, a medical report identified a request for Aqua Relief Systems (hot/cold unit).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restrospective request for Solace Muti-stim Unit with urchse of E-Stim electrodes, Multi Stim Unit Lead Wires and Multi Unit AC adaptor dispensed from 3/18/ - 4/17/14 for the lumbare spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain; Page(s): 114-121; pages 46-47.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) and Interferential Current Stimulation (ICS) Page(s): 113-120.

**Decision rationale:** MTUS reference to ACOEM identifies that physical modalities, such as "transcutaneous electrical neurostimulation (tens) units, have no scientifically proven efficacy in treating acute low back symptoms." MTUS chronic pain medical treatment guidelines identifies that "interferential current stimulation (ICS), micro current electrical stimulation (MENS devices), and neuromuscular electrical stimulation (NMES devices) are not recommended." Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Solace Multi-stim Unit with purchase of E-Stim electrodes, Multi Stim unit lead wires and Multi unit AC adaptor dispensed from 3/18/14 - 4/17/14 for the lumbar spine is not medically necessary.

**Restrospective request for Purchase of Aqua Relief System s dispensed on 3/18/14 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Page(s): 114-121; pages 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web) , 2014, Low Back Chapter, Cold/Heat Packs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/heat packs Other Medical Treatment Guideline or Medical Evidence: PMID: 18214217 PubMed - indexed for MEDLINE.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies at-home applications of local heat or cold to the low back as an optional clinical measure for evaluation and management of low back complaints. ODG identifies that "there is minimal evidence supporting the use of cold therapy. Medical Treatment Guideline identifies that exact recommendations on application, for postoperative cold therapy utilization following lumbar spine surgery, on time and temperature cannot be given." Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for purchase of aqua relief systems dispensed on 3/18/14 for the lumbar spine is not medically necessary.

