

<b>Case Number:</b>	CM15-0013643		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 67 year old male, who sustained an industrial injury on October 11, 2013, following a motor vehicle accident. He has reported injuries to the neck and back. The diagnoses have included cervical disc protrusion, cervical musculoligamentous injury, cervical sprain/strain, thoracic pain, thoracic sprain/strain, lumbago, lumbar musculoligamentous injury, and lumbar sprain/strain. Treatment to date has included physiotherapy, chiropractic treatments, and oral and topical medications. Currently, the injured worker complains of neck pain, mid back pain, and low back pain. The Primary Treating Physician's report dated December 10, 2014, noted tenderness to palpation of the thoracic paravertebral muscles. On December 24, 2014, Utilization Review non-certified a five month rental of Solace Multi Stim unit durable medical equipment (DME), purchase of electrodes (eight pair per month for five months), purchase of two sets of lead wires, purchase of an adapter, purchase of Aqua relief system, and instillation fee, noting the absence of documentation noting that the injured worker had a trial with daily pain diaries noting functional and documented improvement, nor was there documentation that the injured worker had any of the conditions for which a one month trial would be considered, therefore the medical necessity of the requests was not established. The MTUS Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines (ODG), and non-MTUS guidelines were cited. On January 23, 2015, the injured worker submitted an application for IMR for review of a five month rental of Solace Multi Stim unit durable medical equipment (DME), purchase of electrodes (eight pair per month for five months), purchase of two sets of leadwires, purchase of an adapter, purchase of Aqua relief system, and instillation fee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Five month rental of Solace Multi Stim unit durable medical equipment: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-119.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. The requested treatment is recommended not as a stand-alone treatment option and also not for greater than a one-month trial with documented evidence of benefit. The requested device is a multi stim unit containing three forms of therapy including TENS, interferential and neuromuscular stimulator. The criteria for any of these transcutaneous treatment options have not been met. There is no one month trial period documented with any of these treatment modalities with positive objective outcomes recorded. Therefore the request is not certified.

### **Purchase of electrodes (eight pair per month for five months): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-118.

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**Purchase of two sets of leadwires:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-118.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. The requested treatment is recommended not as a stand-alone treatment option and also not for greater than a one-month trial with documented evidence of benefit. The requested device is a multi stim unit containing three forms of therapy including TENS, interferential and neuromuscular stimulator. The criteria for any of these transcutaneous treatment options have not been met. There is no one month trial period documented with any of these treatment modalities with positive objective outcomes recorded. Therefore the request is not certified.

**Purchase of adaptor:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
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**Purchase of Aqua relief system:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 114-118.

**Decision rationale:** The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS)

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**Installation fee:** Upheld

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

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