

Case Number:	CM15-0124513		
Date Assigned:	07/09/2015	Date of Injury:	12/05/2012
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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, 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 45 year old male, who sustained an industrial injury on 12/5/12 Initial complaints were of his cervical and lumbar spine. The injured worker was diagnosed as having cervicalgia; lumbago; lumbar disc protrusion; right carpal tunnel syndrome; traumatic arthropathy hand; right hand trigger finger; myofascial pain syndrome. Treatment to date has included physical therapy; translaminar epidural steroid injection with trigger pint injections bilateral lumbar paraspinous muscles (4/21/15); medications. Diagnostics studies included MRI right shoulder (1/20/15). Currently, the PR-2 notes dated 4/2/15 indicated the injured worker presents for pain management consultation with regard to his industrial injuries. His current complaints are of constant neck pain with radiation of pain into the right upper extremity. He complains of numbness and tingling in his right upper extremity. He complains of stiffness in the neck. The injured worker complains of constant pain in the lower back. He has stiffness in the lower back. He has not had any surgical intervention for these complains and is currently not taking any medications. On physical examination, the provider notes evidence of tenderness over the paracervical musculature with palpable trigger points with twitch response and referral of pain. There is evidence of tenderness over the trapezius and rhomboid musculature. The compression of the cervical spine revealed radiculopathy on the right and cervical distraction relieves the symptoms. The deep tendon reflexes of the biceps, triceps and brachioradialis are 2+ and bilaterally symmetrical. Motor examination reveals 5/5/ muscle strength in all major upper extremity muscle groups. There is decreased sensation to pinprick and light touch over the C6-C7 dermatomes on the right. The lumbar spine exam reveals palpable tenderness of the

paravertebral muscles and there are palpable trigger points in the paravertebral musculature with twitch response and referable pain. There is evidence of tenderness over the sacroiliac joints bilaterally with tenderness noted over the sciatic notches. Straight leg raise in the supine position is positive bilaterally. There is decreased sensation to pinprick and light touch over the L1-A1 dermatomes bilaterally. A MRI study of the lumbar spine dated 8/13/13 is documented with an impression of L5-S1 2-3mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. The provider is requesting authorization of Multi Stim Unit 5 month rental plus supplies (Cervical & Lumbar Spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim Unit 5 month rental plus supplies (Cervical & Lumbar Spine): 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 Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient has chronic neck and low back pain. The request is for a 5 month rental of a Multi Stim Unit, which is an ICS. MTUS Guidelines regarding interferential units state that they are not recommended as an isolated intervention, but patient selection criteria include pain that is ineffectively controlled with use of medication, history of substance abuse, or significant pain from a postoperative condition. If these criteria are met, then 1 month rental trial is recommended. In this case, a 5 month rental plus supplies is requested, which exceeds the one month guidelines. Thus this request is not medically necessary.