MAXIMUS Federal Services

Case Number:	CM15-0168349		
Date Assigned:	09/09/2015	Date of Injury:	04/21/2015
Decision Date:	12/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 injured worker is a 57 year old male who sustained an industrial injury on 4-21-15. A review of the medical records indicates that the worker is undergoing treatment for sprain-strain neck, sprain-strain thoracic, and lumbar strain. Subjective report (6-15-15) includes slight gradual improvement in cervical and lumbosacral symptoms, no radicular complaints of upper or lower extremities. Objective findings (6-15-15) include pain and tenderness in both the cervical and paraspinous lumbosacral areas, restricted cervical range of motion with rotation at 60 degrees bilaterally, extension and flexion elicit pain, restricted and painful lumbar range of motion, and a negative straight leg raise. Previous treatment includes acupuncture and physical therapy. The requested treatment of Solace Multi-stimulator unit (with up to 12 months of supplies and 5 months -convert to purchase) was denied 7-23-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solace multi-stimulator unit (with up to 12 months of supplies and 5 months /convert to purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The device being requested is a combination unit providing transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMES). TENS is not recommended as a primary treatment modality, however, a month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The NMES is not recommended for the treatment of chronic pain. The injured worker may meet the criteria established in the guidelines cited above for a one month trial of a TENS unit. This would require the TENS being used as an adjunct to treatment modalities within a functional restoration approach. Continued use of the TENS would require documentation of the treatment modalities being utilized, how often the TENS unit was used, as well as outcomes including pain relief and function, other pain treatments including medication use, and a treatment plan for the use of the TENS unit. Purchasing a TENS unit with supplies would not be supported by these guidelines without adequate documentation of the efficacy of the unit during this trial. The NMES is not supported by the guidelines for chronic pain, therefore, the request for Solace multi-stimulator unit (with up to 12 months of supplies and 5 months /convert to purchase) is not medically necessary.