MAXIMUS Federal Services

Case Number:	CM15-0170285		
Date Assigned:	09/10/2015	Date of Injury:	06/03/2014
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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

CLINICAL CASE SUMMARY

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

This is a 34 year old female with a date of injury on 6-3-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical spine sprain-strain, cephalgia, thoracic spine sprain-strain, lumbar spine sprain-strain, hand sprain-strain, insomnia, anxiety and depression. Medical records (6-29-2015 to 7-23-2015) indicate ongoing neck pain, mid back and low back pain rated five to seven out of ten without medications and one to two out of ten with medications. She also complained of aching pain in both hands rated four to eight out of ten without medications and one out of ten with medications. The physical exam (6-29-2015 to 7-23-2015) reveals increasing cervical range of motion. There was decreased lumbar range of motion in all planes due to end range back pain. There was tenderness and myospasm palpable over the bilateral paracervical muscles, bilateral trapezius muscles and the bilateral paralumbar muscles. There was tenderness and decreased range of motion of the bilateral hands. Treatment has included topical creams and medications (Tramadol, Naproxen, Cyclobenzaprine, Omeprazole and Venlafaxine). The request for authorization dated 6-29-2015 was for Solace Stim Unit with up to 12 months of supplies. The original Utilization Review (UR) (8-4-2015) non-certified a request for Interferential Unit: Solace Multi Stim Unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: Solace Multi Stim Unit With Supplies: Upheld

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

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

Decision rationale: The current request is for Interferential Unit: Solace Multi Stim Unit with Supplies. The RFA is dated 06/29/15. Treatment has included lumbar injections, physical therapy, topical creams and medications (Tramadol, Naproxen, Cyclobenzaprine, Omeprazole and Venlafaxine). The patient is permanent and stationary. This multi stimulation unit includes 3 forms of therapy, a TENS, interferential, and neuromuscular stimulator. MTUS Guidelines, Muscle Stimulator Neuromuscular Electrical Stimulation, page 121 states that neuromuscular electrical stimulation (NMES) devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no interventional trials suggesting benefit from NMES for chronic pain or postsurgical care. MTUS Guidelines, Interferential Current Stimulation, page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." It is indicated for patients with intolerability to medications, postoperative pain, history of substance abuse, etc. For these indications, a 1-month trial is then recommended. MTUS Guidelines, Transcutaneous electrotherapy, page 116, states that TENS unit have not proven efficacy in treating chronic pain and is not recommended as primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple sclerosis. Per report 06/29/15, the patient presents with ongoing neck pain, mid back and low back pain. There was decreased lumbar range of motion in all planes due to end range back pain. There was tenderness and myospasm palpable over the bilateral paracervical muscles, bilateral trapezius muscles and the bilateral paralumbar muscles. The treater requests a Solace Stim Unit with up to 12 months of supplies. The listed diagnoses are cervical radiculopathy, cervical spine sprain-strain, cephalgia, thoracic spine sprain-strain, lumbar spine sprain-strain, hand sprain-strain, insomnia, anxiety and depression. In this case, NMES units are not supported by MTUS and the patient does not meet the indication for an IF unit or TENS unit as the treater is requesting a unit without documentation of a 1-month trial. This request IS NOT medically necessary.