

<b>Case Number:</b>	CM15-0179852		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42 year old male, who sustained an industrial injury on 4-21-14. Medical record indicated the injured worker is undergoing treatment for cervical radiculopathy, cervical spine sprain-strain, cephalgia, lumbar myositis, myalgia, lumbar radiculopathy, lumbar spine sprain-strain, concentration deficit, dizziness, tinnitus, memory loss, visual disturbance, insomnia, anxiety and depression. Treatment to date has included oral medications, topical medications and activity modifications. Currently on 7-13-15, the injured worker complains of dull and aching pain in head with associated headaches rated 8 out of 10, dull and aching pain in neck with radiation to left ear with difficulty hearing and low back constant shooting and burning pain rated 9 out of 10 without medications and 6 out of 10 with medications. He also notes loss of sleep due to pain and anxiety. He is temporarily totally disabled. Physical exam performed on 7-13-15 revealed a guarded gait, palpable nuchal tenderness bilaterally with cervical spine exam along with tenderness and myospasm palpable over bilateral paracervical muscles and bilateral trapezius muscles and circumscribed trigger points with positive taut bands; and tenderness and myospasm palpable over bilateral paralumbar muscles with tenderness palpable in sciatic notches and circumscribed trigger points with positive taut bands over bilateral paralumbar muscles; decreased lumbar range of motion is also noted. The treatment plan included a request for Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, topical creams, request for chiropractic treatment, acupuncture treatment; solace multi-stim unit, (EMG) Electromyogram and (NCV) Nerve Conduction Velocity studies of bilateral lower extremities, x-rays of cervical spine and lumbar spine and (MRI) magnetic resonance imaging of cervical spine and lumbar spine. On 7-13-15, a request for authorization was submitted for a solace multi-stim unit. On 8-14-15, utilization review non-certified a request for Solace multi-stim unit noting there is no clear clinical rationale for need for this and based on the guidelines it is not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Solace Multi Stim Unit, One Month Rental:** 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 claimant sustained a work injury in April 2014 and is being treated for neck and low back pain with radiculopathy and secondary anxiety and depression. He was seen for an initial evaluation by the requesting provider on 07/13/15. His injury occurred when he fell backward from a chair. He was having headaches, neck pain radiating to the left ear, and radiating low back pain into the lower extremities. He was having difficulty sleeping due to pain and anxiety. Physical examination findings included a guarded gait. There was cervical and lumbar tenderness with trigger points. There was decreased lumbar range of motion with positive straight leg raising and Braggard's testing with a normal neurological examination. Medications were prescribed and additional testing and chiropractic and acupuncture treatments were requested. A MultiStim unit rental was also requested. The requested MultiStim unit provides a combination of TENS, interferential stimulation, and neuromuscular electrical stimulation. In terms of TENS or interferential stimulation, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is 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. A trial using the requested combination unit is not considered medically necessary.