

<b>Case Number:</b>	CM15-0070158		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/12/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, 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 58-year-old female with an industrial injury dated 07/12/2014. Her diagnoses include Cervicalgia, lumbar disc displacement, lumbar stenosis and displacement of intervertebral disc without myelopathy. Prior treatments included medications and diagnostics. She presents on 02/24/2015 with complaints of constant sharp, throbbing neck pain radiating to her head and lumbar spine pain radiating to bilateral legs. Physical exam revealed painful range of motion of the cervical and lumbar spine. The treatment plan included a pain patch, functional capacity evaluation, multi stim unit, knee brace and cold/heat therapy products.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Multi Stim Unit plus supplies 5 month rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for a multi stim unit, CA MTUS notes that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Within the documentation available for review, the specific type of electrical stimulation unit requested is not noted. There are many different types of these devices, each with specific indications and levels of evidence-based support. Without documentation of which specific type(s) of stimulation are part of this unit, medical necessity cannot be established. In the absence of clarity regarding those issues, the currently requested multi stim unit is not medically necessary.

**Heat/Cold Unit Purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

**Decision rationale:** Regarding the request for a heat/cold unit, California MTUS and ODG do not specifically address the issue for the neck and low back, although ODG supports cold therapy units for up to 7 days after surgery for some other body parts. For the neck and back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints, with hot packs thereafter. Within the documentation available for review, there is no documentation of a rationale for the use of a formal hot/cold unit rather than the application of simple hot/cold packs at home. In the absence of such documentation, the currently requested heat/cold unit is not medically necessary.