

Case Number:	CM14-0027921		
Date Assigned:	07/23/2014	Date of Injury:	04/13/2013
Decision Date:	08/29/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old male with a reported date of injury on 04/13/2013. The mechanism of injury was noted to be when the injured worker was cranking landing gear. His diagnoses were noted to include lumbar disc bulge, lumbar radiculopathy, thoracic spine disc bulge, and right shoulder impingement. His previous treatments were noted to include physical therapy and medications. The progress note dated 01/06/2014 reveals the injured worker complained of pain to the mid and low back with radicular pain down his legs as well as pain in the right shoulder. The physical examination revealed tenderness at L3-S1 at the bilateral paraspinal muscles. Tenderness was noted at the T-L junction along with numbness and decreased sensation from T5-T9 bilaterally at the spinous processes. There was decreased range of motion with pain at the lumbar spine. There was a positive straight leg raise test bilaterally and decreased sensation in the path L4 on the right, L5-S1 on the left. The physical examination of the right shoulder noted tenderness in the right acromioclavicular and anterior deltoid and muscles of the right shoulder. There was a positive apprehension test and impingement test on the right and muscle testing was rated 3/5 on flexion, abduction, internal and external rotation. There was swelling noted in the left lower extremity and slight pitting edema bilaterally. The provider reported he was prescribed a transcutaneous electrical nerve stimulation (TENS) unit for home use and pain relief purposes. The request for authorization form dated 01/06/2014 was for a Multi-Stim Plus supplies for pain relief purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi-Stim Plus supplies (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy stimulation; Interferential stimulation Page(s): 116, 118-119.

Decision rationale: Injured worker complains of pain to the mid and low back with radicular pain down his legs as well as pain in the right shoulder. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The guideline criteria for the use of the TENS unit is documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, a 1 month trial of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial period. Other ongoing pain treatments should also be documented during the trial period including medication usage. The 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 for treatment alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and postoperative knee pain. The guidelines do not recommend the Multi-Stim as a primary treatment modality but it is to be used as an adjunct to a program of evidence based functional restoration. The request failed to provide whether the Multi-Stim was for rental or purchase and whether the Multi-Stim is to be used as an adjunct to evidence based functional restoration. Therefore, the request is not medically necessary.