

Case Number:	CM13-0008749		
Date Assigned:	09/12/2013	Date of Injury:	02/28/2012
Decision Date:	01/21/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 patient is a 60 year old injured worker with a date of injury, February 28, 2012. The patient has diagnoses of lumbosacral, cervical, and thoracic sprain/strain. The treating physician is requesting retrospective of a dual electrical stimulator (TENS-EMS) for indefinite usage during April 23, 2012 to February 4, 2013. The progress report by [REDACTED] dated April 24, 2012, indicates that the patient has lower back pain and tenderness to palpation at the paravertebral. The patient has positive straight leg raise test bilaterally and positive Kemp's test bilaterally. Report dated March 13, 2012, by [REDACTED] indicates that the patient has neck, right shoulder, elbow, low back, left hip, left ankle and bilateral knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prime dual electrical stimulator (TENS-EMS) between 4/23/12 and 2/4/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The request cannot be supported as the patient does not present with any of the diagnoses that the MTUS allows for the trial of TENS unit. Furthermore, when a TENS unit is indicated, a 30-day home based trial is recommended first before purchase. The request for 1 prime Dual Electrical Stimulator (TENS-EMS) between 4/23/12 and 2/4/13 is not medically necessary and appropriate.