

Case Number:	CM13-0015104		
Date Assigned:	03/12/2014	Date of Injury:	04/18/2013
Decision Date:	05/06/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/21/2013

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 Family Practice and is licensed to practice in Texas. 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 35-year-old male who reported an injury on 04/18/2013. The injured worker was reportedly injured when he was involved in a motor vehicle accident and was not wearing his seatbelt where upon the collision caused the injured worker to be thrown to the passenger side of the truck causing injuries to his neck, shoulders, back, chest, left hip and left thigh. Plain view x-rays taken 05/01/2013 noted the injured worker had a clear chest x-ray, with straightening of the cervical lordosis seen on another film which was indicated as being positional in nature or due to muscle spasms. The injured worker also had an unremarkable plain film view of the bilateral shoulders, as well as a thoracic spine, with the lumbar spine view noting straightening of the lumbar lordotic curvature with restricted range of motion in flexion and extension which reflected an element of myospasms. The injured worker also was noted to have degenerative osteosclerosis of the superior and lateral acetabular rim on the left hip and an unremarkable plain film of the left femur. On 12/17/2013, the injured worker had an agreed medical examination which noted that his treatments up to that point had included time off work with temporary total disability, pain medications, approximately 5 months of acupuncture and electrical stimulation therapy whereupon the injured worker stated that the physical therapy did not improve his condition. At the time of that examination, the injured worker's current orthopedic complaints consisted of intermittent to frequent pain in the neck with no pain radiating to his shoulders or arms, intermittent to frequent pain in the upper and mid back aggravated with sitting, and occasional to intermittent slight pain in the lower back, with no pain, numbness or tingling radiating to his legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MONTH HOME-BASED TRIAL OF NEUROSTIMULATOR TENS/EMS UNIT:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELETROTHERAPY; NEUROMUSCULAR ELETRICAL STIMULATION (NMES DEVICES) Page(s): 114-11.

Decision rationale: According to the California MTUS Guidelines, TENS units are not recommended as a primary treatment modality, however, a 1 month home-based TENS trial can be considered as a noninvasive conservative option if it is used as an adjunct to a program of evidence-based functional restoration. It further states that a home-based treatment trial of 1 month may be appropriate for neuropathic pain and CRPS-2 as well as CRPS-1 (with basically no literature to support its use). It can also be used to treat phantom limb pain, spasticity, and multiple sclerosis. Although the injured worker does have ongoing complaints of pain, due to the guidelines not supporting the use of a TENS unit without having an objective based conservative modality to use as an adjunct, the request cannot be supported at this time. Furthermore, neuromuscular electrical stimulation is not recommended as it is used primarily as a part of a rehabilitation program for an injured worker who has had a stroke, with no evidence to support its use for chronic pain. Therefore, at this time the request cannot be supported without a thorough rationale for the use of this equipment based on the injured worker's current medical condition.