MAXIMUS Federal Services

Case Number:	CM13-0028688		
Date Assigned:	11/27/2013	Date of Injury:	05/13/2010
Decision Date:	01/15/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/25/2013

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, and is licensed to practice in California, Ohio, and Pennsylvania. 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 request for authorization of 07/02/2013 requests a 1-month home-based trial of a neuromuscular TENS-electrical stimulation, and a related request requests 2 months of supplies. A form in the medical chart, which appears to be a pre-printed statement, with the fax date of 07/25/2013 describes a peer reference on electrical muscle stimulation and includes checkboxes for the goals of managing/reducing pain and relaxing muscle spasms. Physician treatment notes are handwritten and largely illegible and do not provide additional detail regarding this request. An initial physician review notes that this patient has been diagnosed with neuralgia, brachial neuritis, lumbosacral neuritis, sciatica, carpal tunnel syndrome, ulnar lesion, and tarsal tunnel syndrome. That physician review notes that there was no documentation of pain of at least 3 months duration and no evidence that other appropriate modalities have been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENs one month and two months of supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: 9792.24.2 Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on TENS and Section on Neuromuscular Electrical Stimulation Page(s): 114 and 121.

Decision rationale: The medical records in this case describe a request for a combination TENS-neuromuscular electrical stimulation unit. The Chronic Pain Medical Treatment Guidelines Section on TENS, page 114, states, "a one-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" for neuropathic pain. The medical records and guidelines do not provide a rationale for 2 months of supplies for a one-month TENS rental. Additionally, I note that The Chronic Pain Medical Treatment Guidelines Section on Neuromuscular Electrical Stimulation, page 121, states, "Not recommended. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain." The medical records do not provide an alternate rationale for the use of this treatment modality. For these multiple reasons, this request is not medically necessary.