

Case Number:	CM13-0056656		
Date Assigned:	12/30/2013	Date of Injury:	01/24/2011
Decision Date:	06/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 Osteopathic Manipulative Medicine, and is licensed to practice in Arizona. 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:

This patient is a 42 year old female with the complaint of lower back pain and bilateral knee pain with date of injury on 1/24/2011 as a 'consequence of an awkward lifting effort with a handicapped student'. The initial evaluation report dated 12/20/2012 does not document any form of physical examination, aside from weight, blood pressure and pulse is absent as supporting physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT NEUROMUSCULAR STIM UNIT, KNEE BRACE, ELECTRODES, BATTERIES, LEAD WIRES: 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 Part 2 - Pain Interventions and Treatments Page(s): 114-115.

Decision rationale: Not recommended as a primary treatment modality, but 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical

communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).

Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Recent studies: There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. Of the 38 studies used in the analysis, 35 favored ENS over placebo. All locations of pain were included based on the rationale that "mechanism, rather than anatomic location of pain, is likely to be a critical factor for therapy." Keeping in mind the above conclusion of the benefit of electrical stimulation in the treatment of pain, the requesting physician's Initial Evaluation Report dated 12/20/2012, aside from height, blood pressure and pulse, completely LACKS any form of physical examination of any kind. Since it is this report in which the requesting physician states "I am requesting authorization for this patient to obtain dual electrical stimulator TENS/EMS with hinged brace for left knee." It is unfortunate that previous and subsequent providers who saw this patient did not make the same request (medical records dated June 11, 2012 and 9/3/2013) as supporting physical exam findings are documented. However, the decision is to be made upon the requesting physician's evidence of substantiating the request. The request for a neuromuscular stimulating unit with associated durable equipment does not meet criteria for granting such request and is not medically necessary.