MAXIMUS Federal Services

Case Number:	CM13-0064651		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2013
Decision Date:	05/28/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine 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 history and documentation do not objectively support the request for purchase of an electrical muscle stimulator/TENS unit and two month supplies of electrodes, batteries, and lead wires for the cervical, thoracic, and lumbar spines. The CA MTUS Chronic Pain Guidelines, p. 114 state transcutaneous electrotherapy is "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 [including neuropathic pain]. 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. A home-based treatment trial of one month may be appropriate for neuropathic pain." The claimant has chronic pain and has been treated with multiple medications. However, his response to the medications has not been documented. Also, his history of trials of local care such as ice/heat is unclear and there is no evidence that he has completed a successful trial of use of an electrical stimulator/TENS unit with objective documentation of improvement including a degree of functional recovery. There is no indication that he has been involved in an ongoing exercise program (functional restoration program) that is to be continued in conjunction with use of this type of stimulator. The request for purchase of EMS/TENS unit is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE ELECTRICAL MUSCLE STIMULATOR (EMS)/ TENS UNIT AND TWO MONTH SUPPLIES OF ELECTRODES, BATTERIES, AND LEAD WIRES FOR THE CERVICAL, THORACIC AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114.

Decision rationale: The history and documentation do not objectively support the request for purchase of an electrical muscle stimulator/TENS unit and two month supplies of electrodes, batteries, and lead wires for the cervical, thoracic, and lumbar spines. The CA MTUS Chronic Pain Guidelines, p. 114 state transcutaneous electrotherapy is "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 [including neuropathic pain]. 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. A home-based treatment trial of one month may be appropriate for neuropathic pain." The claimant has chronic pain and has been treated with multiple medications. However, his response to the medications has not been documented. Also, his history of trials of local care such as ice/heat is unclear and there is no evidence that he has completed a successful trial of use of an electrical stimulator/TENS unit with objective documentation of improvement including a degree of functional recovery. There is no indication that he has been involved in an ongoing exercise program (functional restoration program) that is to be continued in conjunction with use of this type of stimulator. The request for purchase of EMS/TENS unit is not medically necessary.