

Case Number:	CM13-0065112		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2013
Decision Date:	05/23/2014	UR Denial Date:	12/02/2013
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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 California MTUS states that TENS is not recommended for the low back, ankle or foot. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include neuropathic pain, complex regional pain syndrome I and II, phantom limb pain, spasticity, and multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: documentation of pain for at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented with documentation of how often it was used and the outcomes in terms of pain relief and function, other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The MTUS also states that neuromuscular electrical stimulation is not recommended. It is used primarily for rehabilitation following stroke and there is no evidence to support its use in chronic pain. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. TENS is not recommended for the low back, ankle or foot. Electrical muscular stimulation is also not recommended. The multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month rather than two-month trial should be attempted. Therefore, there is no documented medical necessity for a Prime Dual - TENS/EMS Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 2-MONTH SUPPLY OF ELECTRODES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The California MTUS states that TENS is not recommended for the low back, ankle or foot. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include neuropathic pain, complex regional pain syndrome I and II, phantom limb pain, spasticity, and multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: documentation of pain for at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented with documentation of how often it was used and the outcomes in terms of pain relief and function, other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The MTUS also states that neuromuscular electrical stimulation is not recommended. It is used primarily for rehabilitation following stroke and there is no evidence to support its use in chronic pain. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. TENS is not recommended for the low back, ankle or foot. Electrical muscular stimulation is also not recommended. The multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month rather than two-month trial should be attempted. Therefore, there is no documented medical necessity for a Prime Dual - TENS/EMS Unit.

A 2-MONTH SUPPLY OF BATTERIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A 2-MONTH SUPPLY OF LEAD WIRES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRIME DUAL - TENS/EMS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Page(s): 1039-1041.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The California MTUS states that TENS is not recommended for the low back, ankle or foot. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include neuropathic pain, complex regional pain syndrome I and II, phantom limb pain, spasticity, and multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: documentation of pain for at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented with documentation of how often it was used and the outcomes in terms of pain relief and function, other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The MTUS also states that neuromuscular electrical stimulation is not recommended. It is used primarily for rehabilitation following stroke and there is no evidence to support its use in chronic pain. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. TENS is not recommended for the low back, ankle or foot. Electrical muscular stimulation is also not recommended. The multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Last, a one-month rather than two-month trial should be attempted. Therefore, there is no documented medical necessity for a Prime Dual - TENS/EMS Unit.