

Case Number:	CM13-0070702		
Date Assigned:	01/08/2014	Date of Injury:	04/27/2012
Decision Date:	05/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 patient is a 39 year old male injured worker with date of injury 4/27/12 with related low back and left wrist pain. Per the 7/8/13 progress report: "Physical examination of the left wrist demonstrates mild tenderness to palpation over the dorsal aspect. There is decreased range of motion, particularly upon dorsiflexion. Tinel's sign and Phalen's sign are both negative. Examination of the lumbar spine demonstrates tenderness to palpation over the spinous processes from L1 through L5 and palpable muscular spasm over the bilateral paravertebral muscles. There is decreased range of motion, particularly upon flexion and extension. There Is Increased pain with heel/toe walking. Deep tendon reflexes are 2+ in the upper and lower extremities. Neurovascular status is intact in both the upper and iowar extremities." Treatment to date has included physical therapy, TENS unit, and medication management. The documentation submitted for review do not contain imaging studies. The date of UR decision was 11/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED 8 MONTH RENTAL HOME BASED TRIAL NEUROSTIMULATOR TENS-EMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. With regard to the EMS component, MTUS states: Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. In this case, the documentation submitted for review does not contain information regarding pain relief and functional improvement secondary to the use of the unit, or the required information stating how often the unit was used. Therefore, the request for extended 8 month rental home based trial, neurostimulator TENS-EMS is not medically necessary and appropriate.