

Case Number:	CM14-0000095		
Date Assigned:	01/10/2014	Date of Injury:	08/09/2012
Decision Date:	09/05/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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:

Per the records provided, this claimant was working as a pipe fitter. A bad steam valve on a tank exploded; it blew him 6 feet back and he hit his head on a metal tank, so severe, that the metal indented. He was unconscious for about 8 hours. Several transitional living center notes were noted. Medicines included Zoloft, BuSpar, and Lisinopril. Reports from October 2013 note he had blurred vision. There was an Agreed Medical Exam (AME) from October 31, 2013. Medicines at this point were Gemfibrozil, fish oil, Vitamine C, Famotidine, Fluticasone, Allegra, Lorazepam, Zoloft and eye drops. He has post-traumatic head syndrome and insomnia. The impairment was cited to be at 15%. He needs access to neurologic care, audiology and ENT services. Refractive lenses should be provided on a non-industrial basis. He also has anxiety and depression. There is no mention of Transcutaneous Electrical Nerve Stimulation (TENS)-Neuromuscular Electrical Stimulation (NMES) in the future care planning. Topamax and Meclizine are noted on a 11-15-13 report from [REDACTED]. Nuvigil was prescribed but not authorized. A Durable Medical Equipment (DME) TENS unit two channels, electrode purchase was denied; but a one month rental trial was approved. Later notes mention the claimant is a 49 year old male with neck, low back and shoulder pain and spasticity associate with an August 9, 2012 injury. He has tried analgesic medicine, psychotropic medicine, adjuvant medication, medicine for dizziness, and physical therapy. There was a November 4, 2013 note requesting a multimodality TENS unit. Use in physical therapy had reportedly resulted in a 50% pain reduction. The TENS would be a combination TENS-NMES device to try to facilitate his rehabilitation. The one month rental proposed would be for the TENS-NMES combination unit. A neurologic assessment from July 30, 2013 notes he has a post traumatic head syndrome with cognitive and mood impairment. Psychometric testing confirmed this. There was a desire for a

cognitive rehabilitation program. Other diagnoses were bilateral temporomandibular joint syndrome, cervical strain, and left shoulder impingement. There was also a right eye injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME TENS UNIT 2 CHANNELS, ELECTRODES PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under NMES units.

Decision rationale: The MTUS notes that TENS 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. -Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)-Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) -Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)The medical records did not provide proof that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. Moreover, the proposed unit would use NMES as well. The evidence-based synopsis in the Official Disability Duration guidelines do not give Neuromuscular Electrical Stimulation devices a recommended rating. They instead cite: "Under study. The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program." Given the evidence-based guidance, the use of the device might be appropriate in a supervised physical therapy setting for post-stroke rehabilitation, but not as a purchase in a home use setting for a musculoskeletal injury. For the above reasons, the request for a full purchase of the 2 channel unit/electrodes was not medically necessary and appropriate.