

Case Number:	CM14-0001319		
Date Assigned:	01/22/2014	Date of Injury:	02/10/2012
Decision Date:	06/11/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 63 year old male who reported an injury on 02/10/2012. The mechanism of injury was reported to be a slip and fall. Per the clinical note dated 08/13/2013 the injured worker reported constant low back pain radiating to the lower extremities with numbness and weakness and bilateral knee pain. An Electromyography (EMG) was done on the bilateral lower extremities which was normal with no acute or chronic denervation potentials. A Nerve Conduction Velocity (NCV) done on the bilateral lower extremities was reported as normal with no electrophysiological evidence of peripheral nerve entrapment. The request for authorization for medical treatment was dated 10/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED RENTAL OF NEUROSTIMULATOR TRANSCUTANEOUS NERVE STIMULATION - ELECTRICAL MUSCLE STIMULATOR WITH SUPPLIES 12 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Devices Page(s): 121.

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

Decision rationale: Per the CA MTUS guidelines specific criteria is required for the use of a TENS unit. There must be evidence that other appropriate pain modalities have been tried (including medication) and failed, other ongoing pain treatment should also be documented during the trial period. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. The guidelines recommend a one-month trial period of the TENS unit should be documented with 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. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was a lack of documentation regarding the one month trial of the TENS unit, there was no documentation regarding the efficacy of the unit, the use, or any pain relief or increase in functional status. There was a lack of documentation other modalities that had been attempted and failed. In addition there was a lack of documentation regarding the efficacy of the pain medications. Therefore, the request for the extended rental of neurostimulator transcutaneous nerve stimulation electrical muscle stimulator with supplies for 12 months is not medically necessary and appropriate.