

Case Number:	CM14-0005507		
Date Assigned:	01/24/2014	Date of Injury:	10/23/2005
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old female who has a work injury dated 10/23/05. The diagnoses include herniated cervical disk with radiculitis, herniated lumbar disk with radiculitis, anxiety and depression, cephalgia, right inguinal hernia. There is a request for prime dual electrical stimulator (TENS-EMS) transcutaneous electrical nerve stimulation/cervical and lumbar is not medically necessary per the MTUS guidelines. An 11/27/13 primary treating physician report states that the patient has neck and low back pain. Cervical spine range of motion is restricted. There is tightness in the cervical paraspinal musculature. The lumbar spine range of motion reveals that flexion is 50 degrees, extension is 20 degrees, lateral bending on the right 20 degrees and on the left 20 degrees. A TENS unit was request for home use and medications were renewed. A certificate of medical necessity for Prime dual electric stimulator on 12/09/13 requested the device to manage avoid medication induced gastritis, manage pain and reduce swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRIME DUAL ELECTRICAL STIMULATOR (TENS-EMS) TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION/ CERVICAL AND LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116,121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ELECTRICAL STIMULATION (NMES DEVICES) Page(s): 121.

Decision rationale: The Prime dual electrical stimulator (TENS-EMS) transcutaneous electrical nerve stimulation/cervical and lumbar is not medically necessary per the MTUS guidelines. There is a request for prime dual electrical stimulator (TENS-EMS) transcutaneous electrical nerve stimulation/cervical and lumbar is not medically necessary per the MTUS guidelines. The MTUS guidelines state that NMES is not recommended for chronic pain and used primarily as part of a rehabilitation program following stroke. The documentation reveals no evidence of stroke in this patient. The request for TENS is not medically necessary as the most recent physical exam and history does not describe neuropathic pain. There is no discussion of a treatment plan with the use of the TENS.. There is no discussion of patient failing medications.