

Case Number:	CM14-0005936		
Date Assigned:	02/07/2014	Date of Injury:	05/05/2013
Decision Date:	08/18/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 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:

The claimant was injured on 05/05/13 and a TENS/EMS unit and 2 months of supplies are under review. The claimant complains of neck pain. She had x-rays on 12/30/13 that showed no fracture-dislocation and no severe degenerative change. There was slight straightening with possible muscle spasm. She had x-rays of the right shoulder that were generally unremarkable. She saw [REDACTED] on 11/15/13. She reported injuring her neck and right shoulder and wrist doing a lot of repetitive work with typing. She reported burning radicular neck pain and muscle spasms that were moderate to severe and constant. She had burning right shoulder and wrist pain and muscle spasms. She had tenderness about these areas. MRI, x-ray, Electromyography (EMG)/Nerve Conduction Velocity (NCV), shockwave, Physical Therapy (PT), Transcutaneous Electrical Nerve Stimulation (TENS) unit, and hot and cold units were all ordered. She reported injury dates of 05/01/12 through 05/05/13. She was also prescribed compounded topical medication. PT was ordered on 05/21/13 by [REDACTED] who also ordered a TENS/EMS unit for prophylactic purposes to avoid exacerbation of her injury. No PT notes or any description of a course of PT are included in the file. Therefore, even though it was ordered, it is not clear whether she attended PT, for how long, or what her response was.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO MONTH SUPPLIES OF ELECTRODES, BATTERIES, AND LEAD WIRES:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electronic Nerve Stimulation, NMES Page(s): 146;page 151.

Decision rationale: The history and documentation do not objectively support the request for use of an TENS/EMS unit and therefore, this request for supplies is also not medically necessary.

PRIME DUAL TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)/ ELECTRIC MUSCLE STIMULATION (EMS) UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS), NMES Page(s): 146, 151.

Decision rationale: The history and documentation do not objectively support the request for a TENS/EMS unit at this time. The MTUS state ""TENS, chronic pain (transcutaneous electrical nerve stimulation) - 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). 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) and 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)""In this case, none of the above conditions has been diagnosed. Furthermore, the MTUS do not address EMS but state regarding NMES ""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. (Moore, 1997) (Gaines, 2004)"" Also it is not clear whether or not the claimant has completed a

reasonable course of conservative care, including active rehab, local modalities, and the judicious use of medications and has not responded. PT was ordered but it is not clear whether she attended PT, for how long, or what her response was. Also, there is no evidence that she has been involved in an ongoing independent program of exercise and has been advised to continue it in conjunction with the use of this type of device. The request is not medically necessary and appropriate.