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| Case Number: | CM14-0006350 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 08/05/2013 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 46-year-old male with a reported date of injury on 08/06/2013. The mechanism of injury was a repetitive motion injury. The progress note dated 11/14/2013 reported that the injured worker complained of pain to the neck that radiated to the right shoulder and upper extremity, rated 8/10. The progress note reported that the injured worker complained of low back pain which he rated 5/10. The progress note also reported he complained of right elbow pain and right shoulder pain with radiation to the right upper extremity, rated 8/10. The progress note also reported the injured worker complained of blurred vision and teary and irritated eyes, as well as depression, anxiety, and stress. The cervical range of motion performed listed the lateral rotation right/left to 60 degrees, lateral flexion right/left to 20 degrees, extension to 30 degrees, and flexion to 50 degrees. There was also increased pain with extension and right lateral rotation. The progress note listed the diagnoses as cervical spondylosis/kyphosis with probable right cervical radiculopathy, improved right lateral epicondylitis, rule out right cubital tunnel syndrome, lumbar spine sprain/strain injury, and reports of lead toxicity, and blurred vision. The Request of Authorization form dated 11/18/2013 was a request for a 1 month home based trial of a neurostimulator TENS-EMS due to stabilizing and controlling pain, increasing strength, managing/reducing pain, increasing circulation, increasing range of motion, and to prevent atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH HOME BASED TRIAL OF NEUROSTIMULATOR -TENS-EMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 114-115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Transcutaneous electrotherapy, Page(s): 114.

Decision rationale: The request for a 1 month home based trial of a neurostimulator TENS-EMS is non-certified. The injured worker has already received physical therapy and pain medications. The California Chronic Pain Medical Treatment Guidelines state that the TENS unit is not recommended as a primary treatment modality, but a 1 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. The guidelines note NMES is 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. The injured worker has completed 12 visits of physical therapy and it is unclear if the unit will be used in adjunct with an evidence-based functional restoration program. The site at which the therapy will be administered was unclear. Therefore, the request for one month home based trial of neurostimulator -TENS-EMS is not medically necessary and appropriate.