MAXIMUS Federal Services

Case Number:	CM14-0106808		
Date Assigned:	07/30/2014	Date of Injury:	07/17/2013
Decision Date:	10/08/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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, Pain 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 injured worker is a 50year old male who reported an injury on 04/24/2012. Mechanism of injury was not provided. The injured worker was diagnosed with cervical spine sprain/strain with paresthesia of bilateral upper extremity, bilateral shoulder sprain/strain, bilateral hand/wrist sprain/strain, thoracic sprain/strain, and lumbar spine sprain/strain with parathesia of bilateral lower extremities, polyarthritis. Past medical treatment was not provided. Diagnostic testing included x-rays of the bilateral arms, and EMG/NCV of the bilateral arms. Surgical history was not provided. The injured worker complained of neck pain radiating to the bilateral upper extremities with pain rated 4/10. The injured worker complained of lower back pain which increased with prolonged standing, twisting, walking, lifting, bending, stooping and squatting, rated 4/10. The physical examination revealed cervical spine tenderness to palpation, with spasm noted over the paraspinals, suboccipital, scalene and upper trapezius musculature, bilaterally. The physical examination of the bilateral shoulders revealed tenderness to palpation over the pectoralis, upper trapezius, latissimus dorsi, rhomboid, teres minor, bicipital groove musculature, rotator cuff, SC joint and AC joint bilaterally; spasm was also noted over the upper trapezius, teres minor and rhomboid, musculature bilaterally. The examination of the scapula-thoracic/dorsal spine revealed tenderness to palpation and spasms over the thoracic paraspinal musculature bilaterally. The physical examination of the lumbosacral spine revealed tenderness and spasm to palpation over the lumbar paraspinals, quad lumborum, gluteal musculature and SI joint bilaterally. There was decreased sensation to pinprick over the L4 dermatomes at left and L5 and S1 dermatomes bilaterally. Medications were not provided. The treatment plan was for a TENS/EMS unit one month trial. The rationale for the request was not submitted. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS unit one month trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116, 121.

Decision rationale: The injured worker has been diagnosed with cervical spine sprain/strain with paresthesia of bilateral upper extremity, bilateral shoulder sprain/strain, and bilateral hand/wrist sprain/strain. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. 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 patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The guidelines state neuromuscular electrical stimulation devices are not recommended. Neuromuscular electrical stimulation devices are used primarily as part of a rehabilitation program following stroke and there is no evidence to support the use of this device in chronic pain. There is a lack of documentation indicating the injured worker has participated in physical therapy. The requesting physician's rationale for the request is not indicated within the provided documentation. The guidelines do not recommend the use of NMES, and there is no indication that the unit is being requested as part of a rehabilitation program following a stroke. Therefore, the request for TENS/EMS is not medically necessary.