MAXIMUS Federal Services

Case Number:	CM14-0116757		
Date Assigned:	09/16/2014	Date of Injury:	05/12/2014
Decision Date:	11/06/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Interventional Spine 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 patient is a 34 year old male with date of injury 5/12/14. The treating physician report dated 5/13/14 indicates that the patient presented on 5/12/14 with lower back pain that occurred with lifting at work. He was given a Kenalog injection of 80mg and Toradol 60mg and presents with no pain. The physical examination findings reveal normal gait, full range of motion (ROM) with not pain, no pain to palpation, negative straight leg raise (SLR) bilaterally, normal reflexes and normal extensor hallucis longus (EHLs) bilaterally. Lumbar x-rays were normal. The current diagnosis is a resolved lumbar sprain. The utilization review report date 7/15/14 denied the request for a one month trial of neurostimulator TENS-EMS with two months supplies based on the ACOEM and ODG guidelines.

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 and two months supplies electrodes, batteries and lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS, NMES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with resolved lumbar pain and no chief complaint. The current request is for one month home-based trial of neurostimulator TENS-EMS with two months supplies electrodes, batteries and lead wires. The treating physician states that the patient's lumbar sprain and spasm was resolved within 24 hours and the patient was discharged with no further need for care. The MTUS Guidelines do support a trial of TENS with criteria met. The first criteria is that there must be documentation of pain of at least 3 months duration. This patient was seen on the date of injury, 5/12/14 and was then released on 5/13/14 with no further documentation of any care received. The treater in this case has failed to document that the patient has had pain for at least 3 months and there is no plan to indicate the specific short and long-term goals of treatment with the TENS unit. Moreover, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain per MTUS. The request is not medically necessary.