

Case Number:	CM14-0132523		
Date Assigned:	08/22/2014	Date of Injury:	04/18/2014
Decision Date:	09/24/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 32 year old female who reported an injury on 04/16/2014 due to lifting. The relevant diagnoses listed were cervical spine pain and low back pain. Past treatment included physical therapy and medications. Diagnostics were noted as x-rays and MRI of the left and right knees on 07/28/2014. There were no surgeries noted. On 06/10/2014, the injured worker complained of pain to the neck with pain rated at 9/10, bilateral shoulders with pain rated at 9/10, bilateral wrists with pain rated at 9/10, bilateral knees with pain rated 8/10, and low back with pain rated at 10/10. She reported that the pain was alleviated with medications, rest, and activity restriction. Upon physical examination, the injured worker was noted to have slightly diminished sensation to pinprick and light touch over the C5, C6, C7, C8 and T1 dermatomes in the bilateral extremities. Her motor strength was 4/5 in the bilateral upper extremities. She was noted with slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally in the lower extremities. There was also a motor strength of 4/5 noted to the bilateral lower extremities. Decreased range of motion was noted to bilateral upper and lower extremities. The medication noted was Naproxen. The treatment plan was the use of medications, periodic urinalysis to be performed, x-rays, a course of localized intense neurostimulation therapy for the lumbar spine, a course of shockwave therapy for the cervical and lumbar spine, a tens unit, a course of acupuncture, and MRI by request of the injured worker. The rationale for the request was not provided. 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:

1 Purchase or Rental of Prime Dual Transcutaneous Electrical Nerve Stimulation (TENS)/Electrical Muscle stimulation (EMS) Unit with 2 Month Supplies Between 07/31/2014 and 09/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114, 116.

Decision rationale: The request for 1 purchase or rental of prime dual transcutaneous electrical nerve stimulation (TENS)/ electrical muscle stimulation (EMS) unit with two month supplies between 07/31/2014 and 09/14/2014 is not medically necessary. The California MTUS Guidelines state that it is 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 purchase of a TENS unit, there should be documentation of pain of at least three months duration, documented evidence that other appropriate pain modalities have been tried and failed, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In regard to electrical muscle stimulation, this treatment is primarily used as part of a rehabilitation program following a stroke, there is no evidence to support its use in chronic pain. The injured worker did report medication alleviated her pain. The clinical documentation did not provide evidence of a one month home-based TENS trial and goals for the use of the modality were not adequately presented. There was not a sufficient amount of documentation revealing at least three months of pain and description tried modalities that have failed. In addition, the injured worker was not noted to be recovering from a stroke. The documentation submitted does not adequately support the request. Therefore, the request is not medically necessary.