

Case Number:	CM14-0133393		
Date Assigned:	08/22/2014	Date of Injury:	11/10/2013
Decision Date:	11/20/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 52-year-old with a reported date of injury of 11/10/2013. The patient has the diagnoses of closed head trauma, contusion of the face, scalp and neck, cervical radiculopathy, cervical neuropathy, cervical spine disc protrusion, cervical spine Anterolisthesis, cervical spine spondylosis, cervical spine myospasms and chest wall contusion. Per the most recent progress notes provided for review by the requesting physician dated 07/25/2014, the patient had complaints of upper back pain with radiation of the pain to the bilateral shoulders. There was also intermittent chest pain and constant low back pain and headaches. The physical exam noted cervical spine muscle tenderness to palpation with positive compression, Spurling's and distraction testes. Treatment plan recommendations included functional restoration program, acupuncture, home exercise kit and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of Neurostimulator TENS-EMS 12 month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: 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. 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. The requested treatment is recommended not as a stand-alone treatment option and also not for greater than a one month trial with documented evidence of benefit. There is no documented one-month trial and positive benefits of such a trial. Therefore a 12 month rental cannot be certified in the absence of meeting this requirement for the continued use of the requested service.