

Case Number:	CM14-0143577		
Date Assigned:	09/12/2014	Date of Injury:	06/22/2005
Decision Date:	12/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/04/2014

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 Emergency Medicine, and is licensed to practice in New York. 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:

This 50 year old female sustained work related industrial injuries on June 22, 2005. The mechanism of injury was not described. She subsequently complained of low back and right knee pain. The injured worker was diagnosed with L3-4 disc herniation with lumbar fusion, status post L5-S1 replacement and fusion, right knee chondromalacia of the patella, and slight impaired gait secondary to right knee and lower back pathology. The injured worker's treatment consisted of radiographic imaging, prescribed medications, physical therapy, and periodic follow up visits. According to treating provider notes on July 7, 2014, examination of the lumbar spine and right knee revealed limited range of motion with tenderness present. Recommendations were made for transcutaneous electrical nerve stimulation (TENS) unit to help with lower back pain, muscle spasms and to increase functionality. The injured worker's work status is retired. The treating physician prescribed services for a one month home trial of [REDACTED] dual neurostimulator with supplies for Stim unit now under review. On August 8, 2014, Utilization Review evaluated the prescription for a one month home trial of [REDACTED] dual neurostimulator and supplies for Stim unit consisting of electrodes, batteries and lead wire requested on August 4, 2014. Upon review of the clinical information, UR noncertified the request for stimulator noting lack of documentation or discussion of any prior use of a transcutaneous electrical nerve stimulation (TENS)/ EMS unit as an adjunct to a program of evidence based functional restoration with sustained objective and functional improvement. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home trial of a [REDACTED] dual neurostimulator (TENS/EMS unit), one 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 Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. The TENS unit is therefore not recommended. The request is not medically necessary.

Supplies for Stim Unit (Electrodes, Batteries & Lead Wire), Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.