

Case Number:	CM14-0155843		
Date Assigned:	09/25/2014	Date of Injury:	10/02/2012
Decision Date:	12/12/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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 & 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 33 year old with an injury date on 10/2/12. Patient complains of cervical pain rated 5/10, right shoulder pain radiating to right arm/fingers rated 7/10, low lumbar pain rated 9/10 with associated numbness/tingling of bilateral lower extremities, bilateral knee pain rated 6-8/10, and left ankle/foot pain rated 8/10 per 8/14/14 report. Based on the 8/14/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical spine s/s r/o HNP2. r/o cervical spine radiculopathy3. right shoulder s/s r/o derangement4. lower back pain5. lumbar spine s/s r/o HNP6. r/o radiculitis lower extremity7. bilateral knee s/s r/o derangement8. left ankle s/s r/o derangement9. left foot plantar fasciitis10. anxiety disorder11. mood disorder12. sleep disorderExam on 8/14/14 showed "C-spine range of motion restricted especially extension at 10/60 degrees. Right shoulder range of motion restricted especially flexion at 95/180 degrees. L-spine range of motion restricted especially flexion at 25/60 degrees. Right knee range of motion restricted at -10 to 85 degrees. Left ankle range of motion restricted slightly with inversion at 5/20 degrees." Treatment history includes chiropractic treatment and physical therapy. [REDACTED] is requesting two months supplies electrodes, batteries, and lead wires to use with TENS/EMS prime dual - TENS/EMS unit. The utilization review determination being challenged is dated 9/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/1/14 to 8/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two month supplies electrode, batteries & lead wires to use w/TENS/EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) TENS Page(s): 121 116.

Decision rationale: This patient presents with neck, right shoulder, low back, bilateral knee, and left ankle/foot pain. The treater is requesting a 2-month supplies of electrodes, batteries, and lead wire to use with TENS-EMS. Neuromuscular electrical stimulation (NMES devices) under MTUS p121 states it is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, the treater is requesting a TENS unit, but does not document a successful home one-month trial and NMES is not supported for chronic pain. The two month supplies to be use with the TENS-EMS unit is not medically necessary.

Prime Dual- TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, NMES devices Page(s): 116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) TENS Page(s): 121 116.

Decision rationale: This patient presents with neck, right shoulder, low back, bilateral knee, and left ankle/foot pain. The treater is requesting a Prime Dual TENS-EMS unit. Neuromuscular electrical stimulation (NMES devices) under MTUS p121 states it is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, the treater is requesting a TENS unit, but does not document a successful home one-month trial and NMES is not supported for chronic pain. The request is not medically necessary.