

Case Number:	CM14-0175401		
Date Assigned:	10/28/2014	Date of Injury:	11/22/2013
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/23/2014

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 Pain Medicine, 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:

This is a patient with a date of injury of November 22, 2013. A utilization review determination dated September 25, 2014 recommends noncertification of electrodiagnostic studies for the lower extremities. A utilization review determination dated September 26, 2014 recommends non-certification for a TENS/EMS unit. A progress report dated September 18, 2014 identifies subjective complaints of low back pain and left lower extremity pain. Physical therapy has been mildly helpful. Objective findings are not listed. Diagnoses include lumbar spine sprain/strain with sciatica, mild foraminal stenosis, sleep disturbance, and SAD. The treatment plan recommends physical therapy, electrodiagnostic studies for the lumbar spine, and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRIME DUAL -TENS/EMS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121 of 127.

Decision rationale: Regarding the request for Prime Dual -TENS/EMS, guidelines state that in order for a combination device to be supported, there needs to be guideline support for all incorporated modalities. Chronic Pain Medical Treatment Guidelines state that TENS 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. Additionally, guidelines state that neuromuscular electrical stimulation is not recommended. Within the documentation available for review, there is no indication that the patient has had a TENS unit trial. Furthermore, guidelines do not support the use of neuromuscular stimulation. As such, the currently requested Prime Dual -TENS/EMS unit is not medically necessary.