

Case Number:	CM14-0177465		
Date Assigned:	10/30/2014	Date of Injury:	03/01/2007
Decision Date:	12/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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 male patient with a date of injury of May 17, 2007. A utilization review determination dated October 22, 2014 recommends non-certification of a Prime Dual TENS/EMS unit. A progress note dated September 9, 2014 identifies subjective complaints of burning, radicular neck pain, and muscle spasms. The patient describes the pain as being constant, moderate to severe, and he rates his pain as a 6-7/10. The patient also complains of sharp, stabbing abdominal pain rated at a 6/10. The patient is status post a lumbar spine surgery with a residual pain that he rates as a 8/10. The physical examination identifies tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles. Cervical distraction and compression tests are positive bilaterally. The lumbar spine reveals palpable tenderness with spasms of the lumbar paraspinal muscles and over the lumbosacral junction, also straight leg raise test is positive at 40 bilaterally. The diagnoses include cervical spine sprain/strain rule out HNP, rule out cervical spine radiculopathy, rule out umbilical hernia, low back pain, status post spine surgery, lumbar spine sprain/strain rule out HNP, rule out radiculitis of lower extremity, hypertension, anxiety disorder, mood disorder, sleep disorder, psychosexual dysfunction, and stress. The treatment plan recommends the following medications Deprizine, Dicopanol, Fantrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The treatment plan also recommends x-rays of the cervical and lumbar spine, a TENS unit with supplies for home use, a hot and cold unit, a course of physical therapy and acupuncture treatment for the cervical and lumbar spine at 3 times per week for a period of 6 weeks, referral for a functional capacity evaluation, referral to a psychologist for a consultation regarding the psychological issues the patient is experiencing, referral to a urologist regarding the sexual dysfunction, referral to a general surgeon for consultation regarding the hernia, request for an MRI of the cervical and lumbar spine, and request for an ultrasound of the abdomen to rule out a hernia, a request for an

EMG/NCV study of the upper and lower extremities, the patient is to undergo a course of localized intense neurostimulation therapy and a frequency of once per week for a period of 6 weeks for the lumbar spine, and a request for Terocin patches for pain relief.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for Prime Dual TENS/EMS unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Regarding EMS, Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a TENS unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. Additionally, guidelines do not support the use of NMES in the treatment of pain. As such, the currently requested Prime Dual TENS/EMS unit is not medically necessary.