

Case Number:	CM14-0179237		
Date Assigned:	11/03/2014	Date of Injury:	01/17/2014
Decision Date:	12/10/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational 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:

Clinical Summary: The applicant is a represented [REDACTED] employee who has filed a claim for low back pain, headaches, and derivative complains of insomnia reportedly associated with an industrial injury of January 17, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and several months off of work. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve a request for a TENS-EMS device. In a February 22, 2014 progress note, the applicant reported ongoing complaints of neck pain, low back pain, insomnia, headaches, thumb pain, and psychological stress. The applicant was given a rather proscriptive 5-pound lifting limitation, which was effectively resulting in his removal from the workplace, it was acknowledged. MRI imaging of multiple body parts, including the cervical spine, lumbar spine, and left thumb were sought, along with 12 sessions of manipulative therapy. In a July 3, 2014 progress note, the applicant reported ongoing complaints of neck pain, low back pain, headaches, thumb pain, psychological stress, and difficulty sleeping. It was stated that the applicant was utilizing a TENS unit. The attending provider stated that he would keep the applicant off of work, on total temporary disability, through August 23, 2014, but suggested that he was willing to allow the applicant to return to work on a trial basis effective August 23, 2014. The TENS-EMS device at issue was apparently sought on several occasions, including via an order form dated February 27, 2014 and via a Request for Authorization form dated June 3, 2014. In an October 7, 2014 progress note, the applicant had a schedule to obtain a refill of OxyContin. It was acknowledged that the applicant was not working at this point in time. The applicant was apparently given a refill of OxyContin and asked to consider epidural steroid injection therapy. A Medical-legal Evaluation was reportedly pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS-EMS rental for ten additional months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation topic Page(s): 121.

Decision rationale: The TENS-EMS device is an amalgam of conventional TENS therapy and electrical muscle stimulation, a form of neuromuscular electrical stimulation (NMES). However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation is not recommended outside of the poststroke rehabilitative context. NMES, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended in the chronic pain context reportedly present here. It is further noted that the applicant has already received and has used the unit in question for a span of several months, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the TENS-EMS device at issue. The applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as OxyContin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of TENS-EMS device at issue. Therefore, the request is not medically necessary.