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| Case Number: | CM14-0020636 | | |
| Date Assigned: | 04/30/2014 | Date of Injury: | 05/04/2013 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 29 year-old with a date of injury of 05/04/13. The most recent progress report presented was dated 10/01/13, and identified subjective complaints of 5/10 low back pain. The record states that the physical exam had not changed since August of 2013. Diagnoses included lumbosacral sprain/strain. Treatment has included physical therapy and chiropractic therapy. A Utilization Review determination was rendered on 01/30/14 recommending non-certification of "neurostimulator TENS-EMS one month home-based trial for thoracic spine."

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROSTIMULATOR TENS-EMS ONE MONTH HOME-BASED TRIAL FOR THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) Page(s): 114-115.

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

Decision rationale: A Neuromuscular Stimulator is a type of transcutaneous electrotherapy, similar to TENS, but also with Muscular Electrical Stimulation (MES). The California Medical

Treatment Utilization Schedule (MTUS) states that TENS is not recommended for the back. For other conditions, a one month trial of transcutaneous therapy is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include: Neuropathic pain, CRPS I and II, Phantom limb pain, Spasticity, Multiple sclerosis; For chronic intractable pain from these conditions, the following criteria must be met: Documentation of pain for at least three months duration. Evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the multiple criteria noted above (documentation of duration of pain, trial plan, and goal plan) have not been met. Additionally, not all its modalities are recommended for the back. Therefore, there is no documented medical necessity for a Neuromuscular Stimulator unit. Therefore, the request is not medically necessary.