

Case Number:	CM14-0022719		
Date Assigned:	06/11/2014	Date of Injury:	07/06/2006
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 39-year-old who reported an injury on July 6, 2006 due to an unspecified mechanism of injury. On April 4, 2014 she reported slight to moderate constant low back pain that radiated into both lower extremities. A physical examination revealed tenderness in the paravertebral muscle bilaterally and bilateral lumbar facet, positive bilateral straight leg raise, hypoalgesia in the distribution of the right L5-S1 nerve root, and mild weakness of right lower extremity with no asymmetric atrophy of muscles. An MRI performed on February 11, 2014 revealed disc desiccation at L4-L5 and L5-S1 levels, Schmorl's node at L3, hemangioma at L1, straightening of the lumbar lordotic curvature, as well as L4-L5 and L5-S1 posterior disc herniation indenting the thecal sac with concurrent hypertrophy of facet joint. She was post lumbar fusion on April 4, 2009 with failed fusion, status post failed trial dorsal column stimulator on April 27, 2010. Past treatments included medications, injections, surgery, physical therapy, acupuncture, and work conditioning. The treatment plan was for an extended rental of neurostimulator TENS (transcutaneous electrical nerve stimulator)-EMS (electromuscular stimulation). The request for authorization form was provided and signed on December 20, 2013. The rationale for the treatment plan was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED RENTAL OF NEUROSTIMULATOR TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR)-EMS (ELECTROMUSCULAR STIMULATION): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines regarding TENS-ENS, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach. The guidelines note neuromuscular electrical stimulation (NMES devices) 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. The injured worker is noted to have tried multiple modalities with failed attempts. There is a lack of documentation provided by the requesting physician stating that the injured worker is in an ongoing program of evidence based functional restoration. The injured worker is still reporting pain without relief. There is a lack of documentation demonstrating the efficacy of the unit. The guidelines note NMES (neuromuscular electrical stimulation) is not recommended as it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain; there was no indication the injured worker was status-post stroke. Additionally, the provider's rationale for a dual unit was not provided within the documentation. The request for an extended rental of neurostimulator TENS-EMS is not medically necessary or appropriate.