

Case Number:	CM14-0026987		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2011
Decision Date:	08/14/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

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 Interventional Spine 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:

The patient is a 48-year-old female with a date of injury of 02/15/2011. The listed diagnoses are: Lumbar degenerative disk disease, L4-L5 with radicular symptoms, and S/P discectomy and fusion with instrumentation for L4-L5. According to the progress report 01/08/2014 by Dr. Moheimani, the patient is status post lumbar discectomy and fusion from 01/10/2014 with ongoing post-op pain. Overall, she is improving and continues to use her back brace along with a walker. The provider states, in order to reduce pain, edema, and to improve activities of daily living and range of motion, he is requesting Pro-tech multi stim unit plus 3-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (OR EQUIVALENT): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Chronic Pain Medical Treatment Guidelines; TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neuromuscular Electrical Stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pro-tech multi stim unit combines TENS and NMES. Neuromuscular electrical stimulation (NMES devices) under MTUS p121 states it 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. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis Page(s): 121.

Decision rationale: This patient is status post lumbar discectomy and fusion from 01/10/2014 with ongoing post-op pain. The provider is requesting a Pro-tech multi stim unit with 3-month supply. He states the unit contains a TENS feature and will be used to treat patient's pain, swelling, and to decrease pain medications. He is requesting a 30-day trial and purchase if patient experiences positive outcomes. Pro-tech multi stim unit combines TENS and NMES. Neuromuscular Electrical Stimulation (NMES devices) under the MTUS, page 121, states it is not recommended. The NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Per the MTUS Guidelines, page 116, a TENS unit has not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, a NMES is not supported for chronic pain. Therefore, the combined unit is not recommended. Such as, a Transcutaneous Electrical Nerve Stimulation (TENS) (or equivalent) is not medically necessary.