

Case Number:	CM14-0031402		
Date Assigned:	06/20/2014	Date of Injury:	04/08/2011
Decision Date:	07/17/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 & Rehabilitation 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 47-year old gentleman with a date of injury of 4/08/11. The patient is a truck driver; however, the mechanism of injury is not disclosed in submitted reports. This patient has chronic symptoms and is under the care of an orthopedic surgeon with a history significant for a lumbar laminectomy surgery. Symptoms include numbness, tingling and pain. There is no weakness, but symptoms can affect gait. Request in submitted reports were for a "TENS" unit, however, this device is a combination of "TENS" and "NMES".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar GSM HD combo with HAN TENS unit #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116,121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy page(s) Neuromusclar electrical stimulation (NMES devices) Page(s): 114-116, 121.

Decision rationale: Guidelines support use of TENS as an adjunct to treatment for intractable pain due to neuropathic pain, CRPS, phantom limb pain, spasticity, multiple sclerosis, and temporary use in the post-op period. NMES is guideline supported as part of a rehabilitation

program following stroke, but does not support use of NMES for chronic pain. In addition, there are no scientific evidence based studies that reflect that there is any benefit at all to combining NMES (unsupported device) with TENS, or that this has any additional benefit over a singular device, such as TENS alone. The PTP requests a TENS, but this device is a combination of TENS and NMES. The request for Lumbar GSM HD combo with HAN TENS unit #1 is not medically necessary.

Months supply of electrodes (8Prs/month) x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116,121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy page(s) Neuromuscular electrical stimulation (NMES devices) Page(s): 114-116, 121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Months supply of Batteries (6AAA/month) x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116,121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy page(s) Neuromuscular electrical stimulation (NMES devices) Page(s): 114-116, 121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.