

Case Number:	CM14-0037839		
Date Assigned:	06/27/2014	Date of Injury:	01/29/2013
Decision Date:	08/19/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 injured worker is a 31-year-old female who reported an injury on 01/29/2013. The mechanism of injury was the injured worker was packing merchandise, carrying boxes, and pushing a pallet jack. Prior treatments included acupuncture. The requesting documentation was the DWC Form Request for Authorization which requested a 1 month home based trial of a neurostimulator TENS/EMS unit due to neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS unit one month rental for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (TENS) Transcutaneous electrical nerve stimulation, chronic pain; criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Neuromuscular electrical stimulation (NMES devices) Page(s): 114-116 and 121.

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS Unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been trialed and failed. They do not recommend neuromuscular electrical stimulation as there is no evidence to support its use in chronic pain.

The clinical documentation submitted for review failed to provide documentation that other appropriate pain modalities have been trialed and failed, including medications. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for TENS/EMS unit 1 month rental for low back is not medically necessary.

Supplies (batteries, electrodes & lead wires) purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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