

Case Number:	CM14-0039042		
Date Assigned:	06/27/2014	Date of Injury:	01/09/2003
Decision Date:	07/23/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational Medicine 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 50-year-old male, with a date of injury of 1/09/03. Subsequent to a car lift accident, the patient has had several spinal surgeries and has chronic cervical and lumbar pain with a radicular component. Due to the persistent pain a 30 day trial of a transcutaneous electrical nerve stimulation (TENS)-EMS unit is requested. A functional capacity test is requested, but there is no documentation of specific job duties being offered or co-ordination with an employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (97670; 99358; 97660; 97799): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): Functional capacity evaluation section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Fitness for Duty Procedure Summary last updated 05/12/2010.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs. 137-138.

Decision rationale: The ACOEM guidelines note the limitations of Functional Capacity Evaluations (FCE's) and recommend use only if there is a specific job task available and there is co-ordination with an employer offering a specific job task. Otherwise, FCE usefulness is severely limited. FCE's are not utilized for impairment rating purposes and the testing is someone subjective in addition to being limited to one to two days only, which may not correlate with longer term activity tolerance. Without specific documentation of the purpose and without the coordination with an employer for specific job tasks, the request for FCE is not consistent with the ACOEM guidelines. There is inadequate information to justify it on an exceptional basis. As such, the request is not certified.

ONE-MONTH BASED TRIAL OF NEUROSTIMULATOR TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, and Neuromuscular electricalstimulation (NMES devices)
Page(s): 114-117, 121.

Decision rationale: The prior utilization review determination has denied this unit stating that it did not meet the guidelines criteria for a trial of a transcutaneous electrical nerve stimulation (TENS) unit because a failure of conservative care is not documented. From the documentation submitted for review, there is adequate evidence to support the trial of a usual and customary TENS unit, but the requested unit is a combination TENS-EMS unit. The MTUS Chronic Pain Guidelines are very clear that neuromuscular electrical stimulation NMES (EMS) units are not recommended for any type of chronic pain management. As such, this particular combination TENS-EMS unit is not medically necessary.