

Case Number:	CM14-0039540		
Date Assigned:	06/27/2014	Date of Injury:	08/12/2009
Decision Date:	08/15/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/04/2014

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 claimant was injured on 08/12/09. A TENS/EMS unit and supplies are under review. The claimant has had extracorporeal shockwave therapy. She has thoracic and low back pain with muscle spasms and right shoulder pain. On 01/30/13, she was noted to have burning radicular low back pain and right ankle and foot pain and muscle spasms. She was stressed and anxious and worried about not working. She had decreased range of motion. She was diagnosed with a lumbar HNP and possible rotator cuff tear. She also had right ankle internal derangement, right tarsal tunnel syndrome, anxiety, and a mood disorder. She was referred by [REDACTED] for ESWT for her right shoulder. She had a number of visits with a chiropractor for this treatment. On 02/26/14, she still had burning right shoulder pain with muscle spasms and burning, and radicular low back pain with dull right ankle and foot pain with cramping and swelling. Her medications gave her some temporary relief. Her physical findings were essentially unchanged. She still had decreased range of motion and spasms. She had an MRI of the lumbar spine on 02/06/14. There were disc protrusions with some effacement of the left L3 exiting nerve root at L4-5; other exiting nerve roots were unremarkable. She had an MRI of the right foot on 02/06/14 that showed a small effusion at the dorsal first MTP joint. An MRI of the right shoulder revealed a partial tear of the supraspinatus tendon, minimal subacromial bursitis and a minimal joint effusion. There was osteoarthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

U06 Prime Dual-TenTENS/EMS unit, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for Chronic Pain, page 146, EMS (NEMS) Page(s): 151.

Decision rationale: The history and documentation do not objectively support the request for a combination TENS and EMS unit. The MTUS state regarding TENS for chronic pain "is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness.... Recommendations by types of pain: Neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use); neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005); phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985); spasticity. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005); and multiple sclerosis (MS)...." The MTUS do not address the use of electrical muscle stimulation but state on page 151 "neuromuscular electrical stimulation (NMES devices) are 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. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004)." None of the listed conditions noted above appear to be present and it is not clear whether or not the claimant completed a successful TENS/EMS trial in conjunction with an exercise program and that she showed measurable objective/functional improvement from its use. It is not clear what body part will be treated or when she will use either TENS or EMS. There is no indication that she has been instructed in the use of this type of device or has been advised to continue a home exercise program in conjunction with this it. The medical necessity of this request for a U06 Prime Dual-Ten TENS/EMS unit has not been clearly demonstrated.

TENS/EMS unit supplies (electrodes, batteries & lead wires), QTY: two (2) months:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for Chronic Pain, page 146, EMS (NEMS) Page(s): 151.

Decision rationale: The history and documentation do not objectively support the request for a combination TENS and EMS unit and therefore, these supplies are also not medically necessary. The MTUS do not address supplies separate from the device itself. See above.