

Case Number:	CM14-0059902		
Date Assigned:	07/09/2014	Date of Injury:	07/08/2013
Decision Date:	09/17/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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:

The injured worker is a 56-year-old female who reported an injury on 07/08/2013. The mechanism of injury was not provided for clinical review. The diagnoses included neck sprain/strain, brachial neuritis or radiculitis, thoracic sprain/strain, lumbar radiculopathy, and left shoulder sprain/strain. Previous treatments included medication. Within the clinical note dated 04/15/2014, it was reported the injured worker complained of neck pain, mid back pain, low back pain, and left shoulder pain. The physical examination was deferred due to the painfulness of the exam. The request submitted is for one month home-based trial of neurostimulator transcutaneous electrical nerve stimulation (TENS) electronic muscle stimulator (EMS) unit with supplies. However, a rationale is not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of Neurostimulator TENS-EMS with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for one month home-based trial of neurostimulator TENS-EMS with supplies is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as primary treatment modality. A one month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence based functional restoration. There is little evidence that other appropriate pain modalities have been tried and failed including medication and failed. There is lack of documentation indicating significant deficits upon the physical examination. There is lack of documentation of failure of conservative treatment. Therefore, the request is not medically necessary.