

Case Number:	CM14-0066796		
Date Assigned:	07/11/2014	Date of Injury:	10/24/2010
Decision Date:	09/09/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 54-year-old female with a 10/24/10 date of injury. At the time (2/13/14) of request for authorization for neurostimulator TENS - extended rental, there is documentation of subjective (mid back and low back pain radiating to the legs, ankles and feet with numbness and weakness) and objective (tenderness to palpation over bilateral lumbar paraspinal muscles with spasms, decreased lumbar range of motion, positive lumbar facet loading, positive straight leg raise test on the right, and decreased sensation in the right L5 and S1 dermatomes) findings, current diagnoses (displacement of lumbar intervertebral disc without myelopathy), and treatment to date (TENS-EMS trial, ongoing therapy with TENS-EMS unit, lumbar epidural steroid injections, medications, and physical modalities). In addition, medical reports identify that the patient is using TENS-EMS unit without any lasting benefit. There is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of neurostimulator TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

neurostimulator TENS - extended rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), page(s) 113-117; Neuromuscular Electrical Stimulation, page(s) 121 Page(s): 113-117; 121.

Decision rationale: Regarding TENS, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Regarding NMES, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the medical information available for review, there is documentation of a diagnosis of displacement of lumbar intervertebral disc without myelopathy. In addition, there is documentation of completion of a trial of TENS-EMS unit and other ongoing pain treatment during the trial period (including medication use). However, there is no documentation of how often the unit was used. In addition, given documentation that the patient is using TENS-EMS unit without any lasting benefit, there is no documentation of outcomes in terms of pain relief and function, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of neurostimulator TENS. Furthermore, the requested neurostimulator TENS contains at least one component (EMS, NMES) component which is not recommended. Lastly, there is no documentation of the proposed duration of the requested neurostimulator TENS - extended rental. Therefore, based on guidelines and a review of the evidence, the request for neurostimulator TENS - extended rental is not medically necessary.