

Case Number:	CM14-0072907		
Date Assigned:	07/16/2014	Date of Injury:	03/06/2012
Decision Date:	08/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/20/2014

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, has a subspecialty in Pain 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 injured worker is a 40-year-old female who reported an injury on 03/06/2012. The mechanism of injury was the injured worker had a child hang onto her neck and pull her down. The prior therapies included analgesics, physical therapy, chiropractic treatment, SI joint injections, and multiple other modalities. The examination of 03/06/2014 revealed the injured worker had positive sitting nerve root tests bilaterally and a positive cervical spine compression test and cervical distraction test. The injured worker had decreased range of motion of the lumbar and cervical spine. The injured worker had decreased sensation at C5-6. The injured worker was noted to have improved knee pain. There was no DWC form RFA or PR2 submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS with supplies, one month home based trial of neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, neuromuscular electrical stimulation Page(s): 114, 121.

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

Decision rationale: The California MTUS recommends 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 tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. The clinical documentation submitted for review failed to provide documentation of at least 3 months of pain and documentation that other appropriate pain modalities had been tried and failed. Additionally, there was a lack of documentation indicating the injured worker would utilize the unit as an adjunct to a program of evidence-based functional restoration. There was a lack of documentation of exceptional factors to warrant the usage of a TENS/EMS unit as neuromuscular electrical stimulation is not supported. Given the above, the request for TENS/EMS with supplies, 1 month home based trial of neurostimulator is not medically necessary.