

Case Number:	CM14-0075349		
Date Assigned:	07/25/2014	Date of Injury:	09/07/2007
Decision Date:	08/28/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 64-year-old male with a 9/7/07 date of injury. At the time (3/20/14) of the request for authorization for Transcutaneous Electrical Nerve Stimulation (TENS)/EMS unit, there is documentation of subjective (low back pain at 8/10, bilateral shoulder pain at 8/10, and chronic neck and upper back pain at 8/10) and objective (cervical spine reveals spasm, painful and decreased range of motion, and positive facet tenderness; bilateral shoulders reveal positive impingement bilaterally, painful range of motion bilaterally; exam of the bilateral wrists and hands reveal a healed scar on the right, positive Tinel on the left, and positive Phalen on the left; exam of the lumbar spine reveals spasm, painful range of motion, and limited range of motion, positive Lasegue, facet tenderness to palpation left side L4-S1; exam of the left knee reveals positive McMurray on the left, positive patellofemoral crepitation) findings, current diagnoses (multiple narcotic-induced dental cavities, status post right shoulder surgery times two, left shoulder surgery times three with residuals, bilateral carpal tunnel syndrome, cervical stenosis, thoracic strain, lumbar stenosis, discogenic disease, disc bulging, status post left knee surgery times two with residuals, and status post right carpal tunnel release), and treatment to date (medication and home exercise program).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS Unit: 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 Transcutaneous electrical nerve stimulation (TENS), Neuromuscular Electrical Stimulation 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. Regarding EMS, 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. Therefore, based on guidelines and a review of the evidence, the request for 1 TENS/EMS unit is not medically necessary and appropriate.