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| Case Number: | CM14-0075712 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 01/10/2014 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 04/23/2014 |
| 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 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 injured worker is a 49-year-old male who has reported hand symptoms after a crush injury and laceration on 1/10/14. Treatment has included acupuncture, physical therapy, and medications. The acupuncture provider has used EMS and infrared during treatment. Physician reports over the last few months reflect gradual improvement in hand pain and range of motion. Per the PR2s of 3/11/14 and 4/10/14, improvement was continuing. There was no discussion of the specific results of using TENS-EMS, note of any specific indications, or any other discussion of TENS-EMS. The Request for Authorization of 4/2/14 was for "Neurostimulator TENS-EMS". A vendor request on 4/11/14 was for a one-month trial of a TENS-EMS unit. On 4/23/14 Utilization Review non-certified the TENS-EMS unit, noting the lack of compliance with the MTUS recommendations.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation BlueCross Blue Shield: 2007, CMS Guidelines, Aetna & Humana, US Dept VA: 2001, European Federation of Neurological Studies (EFNS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain, Neuromuscular electrical stimulation (NMES devices) Page(s): 114-117, 121.

Decision rationale: The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. NMES is not recommended in the MTUS per the citation above. Given the lack of clear indications in this injured worker, and the lack of a treatment plan per the MTUS, the request for a one month home based trial of Neurostimulator TENS-EMS unit is not medically necessary.