

Case Number:	CM14-0077036		
Date Assigned:	07/18/2014	Date of Injury:	11/28/2012
Decision Date:	09/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 Interventional Spine 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 patient is a 43-year-old male with a date of injury of 11/28/2012. The listed diagnoses per [REDACTED] are: 1. Transmetatarsal amputation of the left foot. 2. Crush injury of the left foot. 3. Infection of the left foot. 4. Painful gait. 5. Lumbar pain. 6. Rule out psychologic injury. According to progress report 01/29/2014, the patient is status post left big toe amputation in January of 2013 due to a severe infection. Examination of the left foot revealed constant moderate to severe sharp to throbbing pain in the left foot. Pain is localized to the foot and aggravated with standing, walking, or any form of ambulation. He reports tingling, cramping, and weakness of the left foot. The patient also complains of low back pain which is severe, sharp, and throbbing pain. He denies numbness and tingling, and rates the pain 9/10. Report 03/26/2014 indicates the patient presents with continuation of symptoms regarding the left foot. Patient ambulates with shoe gear due to lack of normal ambulation. The request is for a 1-month home-based trial of a neural stimulator TENS-EMS unit. Utilization review denied the request on 05/13/2014.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation)
Page(s): 114-116.

Decision rationale: This patient is status post transmetatarsal amputation of the left foot due to severe infection in January of 2013. He presents with continued pain regarding the left foot and also complains of low back pain. The treater is requesting a 1-month home-based trial of a neurostimulator TENS-EMS. Utilization review denied the request stating, "There is insufficient information to indicate medical necessity of this request." Neuromuscular electrical stimulation (NMES devices) under MTUS p121 states it is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, the patient does not meet the criteria for a TENS and NMES is not supported for chronic pain. Recommendation is for denial.