

Case Number:	CM14-0081343		
Date Assigned:	07/18/2014	Date of Injury:	03/08/2012
Decision Date:	08/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	06/02/2014

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, 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 47-year-old male who reported an injury on 03/18/2012 due to lifting a heavy object while performing normal job duties. The injured worker had a traumatic L5 spinal cord injury that resulted in emergent L5-S1 laminectomy on 03/14/2012. The injured worker was evaluated on 05/22/2014. It was noted that the injured worker had previously used a transcutaneous electrical nerve stimulation (TENS) unit during physical therapy with a positive response. Physical examination revealed right foot drop, 5/5 motor strength in the lower extremities, and spasm and guarding noted throughout the lumbar spine musculature. The injured worker's diagnoses included cauda equina injury and lumbar disc displacement without myelopathy. A request was made for a NexWave TENS unit to assist with control of muscle spasm and muscular re-education.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit NexWave by [REDACTED] with supplies (packages of electrodes and 9V batteries): 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 TENS Unit and Neuromuscular electrical stimulation (NMES) Unit page 114 and 121 Page(s): 114 and 121.

Decision rationale: The requested TENS unit NexWave by [REDACTED] with supplies, (packages of electrodes and 9-volt batteries) is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has previously used this equipment. However, this equipment is a compounded multi-stimulator device that contains a TENS unit, and an Neuromuscular electrical stimulation (NMES) unit. California Medical Treatment Utilization Schedule does not recommend the use of an NMES unit in the management of chronic pain. Additionally, California Medical Treatment Utilization Schedule recommends the use of a TENS unit for a 30-day home trial prior to the purchase of the equipment. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a 30-day trial with significant functional benefit. Therefore, the need for this specific unit is not established within the documentation. As such, the requested TENS unit NexWave by [REDACTED] with supplies, (packages of electrodes and 9-volt batteries) is not medically necessary or appropriate.