

Case Number:	CM13-0056021		
Date Assigned:	12/30/2013	Date of Injury:	09/08/2006
Decision Date:	04/01/2015	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/21/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 50-year-old [REDACTED] employee who has filed a claim for chronic wrist, shoulder, neck, and low back pain reportedly associated with an industrial injury of September 8, 2006. In a utilization review report dated July 3, 2013, the claims administrator denied a request for a TENS-EMS unit and associated supplies. The applicant's attorney subsequently appealed. The articles in question were apparently dispensed in April, May, and June 2013. In a handwritten order form dated March 25, 2013, the attending provider sought authorization for a Prime dual electrical stimulator device with associated supplies. The attending provider extended the rental of the neurostimulator device at various points in time through RFA forms, including on June 5, 2013. On each occasion, no clinical progress notes were attached to the RFA form. On July 3, 2013, the applicant was placed off work, on total temporary disability. It was stated that the applicant was considering cervical spine surgery. A series of three lumbar epidural steroid injections was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS-EMS UNIT WITH SUPPLIES X30 DAYS (DOS: 4.30.13-5.30.13):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 121 of 127.

Decision rationale: Similarly, the request for a TENS-EMS unit with an associated 30-day supplies was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES), one of the modalities in the dual modality TENS-EMS device, is not recommended in the chronic pain context present here. Rather, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that NMES should be reserved for the post stroke rehabilitative context. Here, however, there was no evidence that the applicant has sustained a stroke. Since one component of the device was not recommended, the entire device was not recommended. Therefore, the request was not medically necessary.

Retrospective TENS-EMS UNIT WITH SUPPLIES X 8 MONTHS (starting DOS: 6.30.13):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 121 of 127.

Decision rationale: No, the TENS-EMS device with associated supplies - eight-month rental was not medically necessary, medically appropriate, or indicated here. The EMS component of the device represents a form of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended outside of the post stroke rehabilitation context and is not, furthermore, recommended in the chronic pain context present here. The attending provider's handwritten RFA forms contained little to no narrative rationale and commentary so as to offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.