

Case Number:	CM13-0069486		
Date Assigned:	01/03/2014	Date of Injury:	12/20/2010
Decision Date:	04/02/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, depression, and anxiety reportedly associated with an industrial injury of January 20, 2010. In a Utilization Review Report dated December 13, 2013, the claims administrator failed to approve a request for a multimodality transcutaneous electrotherapy device. The applicant's attorney subsequently appealed. On October 30, 2013, the attending provider sought authorization for a weight loss program in conjunction with a multimodality transcutaneous electrotherapy device. The applicant was also using BuTrans, Norco, Xanax, Skelaxin, aspirin, verapamil, Lovaza, and Zestril, it was acknowledged. Permanent work restrictions imposed by a medical-legal evaluator were renewed. On November 20, 2013, the attending provider acknowledged that the applicant was "medically retired," at age 49, suggesting that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro Stim Dual Channel TENS Unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

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 based on Non-MTUS Citation Tens Unit | Transcutaneous Electrical Nerve Stimulation .www.rehabmart.com Institutional/Clinic TENS Unit, Pain Relief, Transcutaneous Electrical Nerve Stimulation . EMS 2000 Electrical Muscle Stimulator, dual channel TENS and EMS device that.

Decision rationale: No, the proposed pro-stim dual channel TENS unit was not medically necessary, medically appropriate, or indicated here. Per the product description, one component in the device is electrical muscle stimulation, a form of neuromuscular electrical stimulation (NMES). However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES) is not recommended in the chronic pain context present here but, rather, should be reserved for the post-stroke rehabilitative context. Here, there was/is no clear or compelling evidence that the applicant had sustained or suffered a stroke. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that purchase of a TENS unit should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, however, the attending provider sought authorization to purchase the device without having the applicant firstly undergo a one-month trial of the same. Therefore, the request was not medically necessary.