

Case Number:	CM14-0149299		
Date Assigned:	09/18/2014	Date of Injury:	05/31/2013
Decision Date:	05/05/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a(n) 54 year old male, who sustained an industrial injury on 5/31/13. He reported initial complaints of progressive lumbar pain to the left leg. The injured worker was diagnosed as having displacement of intervertebral disc, site unspecified, without myelopathy; sciatica. Treatment to date has included MRI lumbar spine without contrast (8/22/14); chiropractic care; medications. Currently, the PR-2 notes dated 7/24/13 are hand written and difficult to read. The injured worker complains of lumbar spine pain, but has not taken medication in a week. PR-2 dated 8/26/13 documents lumbar pain that radiates to the left gluteal region. The provider requested E Stim NMES/TENS x3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

E Stim NMES/TENS x3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
 Page(s): 65.

Decision rationale: According to guidelines, TENS is not recommended as a primary treatment modality, but a one month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. NMES is used primarily as a part of rehabilitation programs following stroke. There is no evidence to support its use in chronic pain. The request for NMES/TENS is not medically appropriate and necessary.