MAXIMUS Federal Services

Case Number:	CM14-0200516		
Date Assigned:	12/10/2014	Date of Injury:	05/06/2013
Decision Date:	02/24/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	12/01/2014

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: Texas, Ohio, 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] employee who has filed a claim for chronic low back pain, neck pain, shoulder pain, and wrist pain reportedly associated with an industrial injury of May 6, 2013. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for combination of TENS-EMS device. An RFA form dated October 1, 2014 was referenced. In said RFA form dated "October 10, 2014" in one section of the document and "October 1, 2013" in another section of the document authorization was sought for a TENS-EMS device, 12-month rental. In September 10, 2014 progress note, the applicant reported ongoing complaints of wrist pain, numbness, tingling, and paresthesias. The applicant also reported issues with anxiety, depression, shoulder pain, and sexual dysfunction. The applicant was status post left and right carpal tunnel release surgeries. Acupuncture, psychological evaluation, and physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. There is no mention made of the knee for the TENS-EMS device on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS-EMS for 12-month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation, Criteria for the Use of TENS Page(s): 121, 116.

Decision rationale: The device is an amalgam of two separate transcutaneous electrotherapy modalities, conventional TENS therapy, and electrical muscle stimulation. Electrical muscle stimulation is a form of neuromuscular electrical stimulation or NMES, which per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended outside of the post-stroke rehabilitative context. Similarly, the 12-month rental of the device proposed runs counter to page 115 of the MTUS Chronic Pain Medical Treatment Guidelines, which states that usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the attending provider sought authorization for a lengthy, 12-month rental of the device, without any proviso to reevaluate the applicant in midst of treatment so as to ensure a favorable response to the device before making a decision to continue with the same. Therefore, the request is not medically necessary.