

Case Number:	CM14-0202632		
Date Assigned:	12/15/2014	Date of Injury:	06/15/2012
Decision Date:	03/10/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/03/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old male was an accountant when he sustained an injury on June 15, 2012. The injured worker fell when his right knee caught in a box of paper. The results of the injury included limited motion of the right foot and leg, marked gait limitation, and lower back pain with radiation to the left lower extremity. Past treatment included pool exercises, swimming, and pain and antidepressant medications. The records show 6 sessions of physical therapy with pool exercises from May 30, 2014 to June 17, 2014. On August 14, 2014, the treating physician noted chronic back pain and occasional radiculopathy to the lower extremities. The injured worker has cerebral palsy which makes his back pain worse due to cerebral palsy to the right lower extremity. Current medications included pain and an antidepressant. The injured worker requested a TENS (transcutaneous electrical nerve stimulation) unit. The physical exam revealed slightly decreased deep tendon reflexes, slightly decreased motor and sensory functions, and left extensor hallucis longus weakness. The lumbar spine range of motion was mildly decreased; except for the forward flexion was markedly decreased. There was drop foot and sensory deficit of the right L3-4. Diagnoses were lumbar spine strain, left buttocks contusion, lumbar left lower extremity radiculopathy, L5-S1 disc protrusion, L1-l2 canal stenosis due to disc bulge, drop foot secondary to lumbar surgery, cerebral palsy, compensatory right hip pain, and status post L5-S1 left hemilaminectomy and microdiscectomy on September 27, 2013. The physician recommended continuing permanent and stationary and a TENS unit with pads for pain reduction and consumption of pain medication. On November 5, 2014, the treating physician

noted chronic lumbar pain at the L3-4, L4-5, and L5-S1 levels, back pain, and right hip compensatory pain trochanteric bursitis. The physical exam was unchanged from prior exam. The physician recommended physical therapy, and refills of pain and antidepressant medication. The injured worker remained permanent and stationary. On November 7, 2014, Utilization Review non-certified a retrospective request for purchase of replacement batteries, rental of an electrical neuro stimulation unit, and purchase of stimulation supplies lead wires (DOS: 9/22/14) requested on October 10, 2014. The electrical neuro stimulation unit was non-certified based on there was no rationale to support the medical necessity of the requested multiple stimulation unit (Zynex NexWave) which includes a modality neuromuscular electrical stimulation (NMES) which is not supported for this condition by the guidelines, and the guidelines criteria for IFC (inferential current therapy) were not met. The purchase of replacement batteries and stimulation supplies lead wires were non-certified based on the electrical neuro stimulation unit being non-certified. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for TENS (transcutaneous electrical nerve stimulation), chronic pain (transcutaneous electrical nerve stimulation) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of replacement batteries with a date of service of 9/22/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable Medical Equipment (DME) Medicare.gov, durable medical equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS supplies, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details (Exercise equipment is considered not primarily medical in nature). Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home due to the requested stimulation unit being non-certified, there is no current need for the requested accessories. As such, the request for Retrospective request for purchase of replacement batteries with a date of service of 9/22/201 is not medically necessary at this time.

Retrospective request for rental of electrical neuro stimulation unit with a date of service of 9/22/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Pain, TENS chronic pain (transcutaneous electrical nerve stimulation) <http://www.zynexmed.com/products/>

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The medical documentation provided indicate that the treating physician is requesting a "Zynexmed NexWave" unit, the manufactures website (www.zynexmed.com) indicated that "The NexWave is a multiple-mode simulator that allows users a choice of treatment options. This device incorporates Interferential Current (IFC), Transcutaneous Electrical Nerve Stimulation (TENS) and Neuromuscular Electrical Stimulation (NMES). Guidelines recommend against IFC or NMES for this patient's diagnosis. As such, the request for Retrospective request for rental of electrical neuro stimulation unit with a date of service of 9/22/2014 is not medically necessary.

Retrospective request for purchase of stimulation supplies, lead wires with a date of service of 9/22/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Durable Medical Equipment (DME) Medicare.gov, durable medial equipment

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS supplies, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details (Exercise equipment is considered not primarily medical in nature). Medicare details DME as: durable and can withstand repeated use used for a medical reason-not usually useful to someone who isn't sick or injured, appropriate to be used in your home due to the requested stimulation unit being non-certified, there is no current need for the requested accessories. As such, the request for Retrospective request for purchase of stimulation supplies, lead wires with a date of service of 9/22/2014 is not medically necessary at this time.