

Case Number:	CM14-0217568		
Date Assigned:	01/07/2015	Date of Injury:	06/03/2012
Decision Date:	04/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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, 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 46-year-old who has filed a claim for chronic neck, low back, and shoulder pain with derivative complaints of myofascial pain syndrome and posttraumatic headaches reportedly associated with an industrial injury of June 3, 2012. In a Utilization Review Report dated December 12, 2014, the claims administrator failed to approve a request for a dual stimulator (TENS-EMS device). An RFA form received on December 5, 2014 was seemingly referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated November 28, 2014, the applicant reported multifocal complaints of neck, low back, shoulder, and knee pain. The note comprised almost entirely of pre-printed checkboxes, with little-to-no narrative commentary. A TENS-EMS device was apparently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual electrical stimulator TENS- EMS 10 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: No, the request for a dual stimulator TENS-EMS device was not medically necessary, medically appropriate, or indicated here. The EMS or electrical muscle stimulation component of the device represents a variant of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines note that neuromuscular electrical stimulation (NMES) is not recommended outside of the post-stroke rehabilitative context and is not, in fact, recommended in the chronic pain context present here. The attending provider did not furnish any compelling rationale for selection of this particular modality in the face of the unfavorable MTUS position on the same. Little-to-no narrative commentary accompanied the progress note on which the article in question was proposed, which comprised almost entirely of pre-printed checkboxes. Therefore, the request was not medically necessary.