

Case Number:	CM14-0087527		
Date Assigned:	07/23/2014	Date of Injury:	01/16/2009
Decision Date:	01/15/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a male patient with an injury to the cervical spine in 2004 and no description of injury is given within the supporting documentation. He is diagnosed with status post cervical fusion revision and chronic cervical spine strain/sprain. A primary treating physician visit dated 03/12/2014 reported the injured worker complaining of numbness to the right thumb, difficulty swallowing and tenderness to palpation over the cervical spine facet joints C4-7. The worker continues using Norco, Prilosec and Genocin as prescribed and will also continue with home exercise program and TENS unit with follow up in 6 weeks. He was reported as permanent and stationary per AME. Requests for the following services TENS unit along with and extended rental period, was denied by Utilization Review as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation)/EMS (Electrical muscle stimulation)
Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116, 121.

Decision rationale: MTUS Guidelines do not support the use of EMS devices for the treatment of chronically painful conditions. There may be very specific uses of muscle stim (i.e., short term for post-operative quad rehabilitation), but this patient does not meet such criteria. Guidelines do not support the use of a combined TENS/EMS stimulation unit under these circumstances. This particular combination unit is not medically necessary. Therefore, the request is not medically necessary.