

Case Number:	CM15-0100395		
Date Assigned:	07/21/2015	Date of Injury:	10/22/2012
Decision Date:	08/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female with an industrial injury dated 10/22/2012. The injured worker's diagnoses include headache, cervical sprain/strain, lumbar sprain/strain, right rotator cuff tear, right shoulder impingement syndrome, right shoulder internal derangement, status post surgery of right shoulder, bilateral carpal tunnel syndrome, and bilateral wrist sprain/strain. Treatment consisted of diagnostic studies, prescribed medications, acupuncture therapy, transcutaneous electrical nerve stimulation unit and periodic follow up visits. In a progress note dated 01/28/2015, the injured worker reported head, cervical spine, lumbar spine, right shoulder and bilateral wrist pain. Objective findings revealed decreased and painful cervical range of motion, tenderness to palpitation of the cervical paravertebral muscles with muscle spasm, positive cervical compression, positive bilateral shoulder depression, trigger point of lumbar paraspinal, bilateral feet hyperpronation, and decreased lumbar range of motion with pain. Tenderness to palpitation of the lumbar paravertebral muscles with muscle spasms were also noted on exam. Right shoulder exam revealed mild swelling with decreased and painful range of motion. Bilateral wrist revealed tenderness to palpitation with muscle spasms, decreased sensation and decreased grip. The treating physician prescribed services for extended rental (10 months) neurostimulator transcutaneous electrical nerve stimulation (TENS) - electronic muscle stimulator (EMS) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended Rental (10 months) Neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work-related injury in October 2012 and continues to be treated for neck, low back, right shoulder, and bilateral wrist pain. When seen, there was decreased and painful cervical and lumbar range of motion with tenderness and muscle spasms. There was decreased and painful shoulder range of motion and bilateral wrist tenderness with decreased grip. Spurling, cervical compression, and shoulder depression tests were positive. Use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Rental of a unit for 10 months is not cost effective and not necessary to determine its efficacy. The requested TENS/EMS unit was not medically necessary.