MAXIMUS Federal Services

Case Number:	CM15-0135416		
Date Assigned:	07/23/2015	Date of Injury:	02/16/2014
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 [redacted] beneficiary who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of February 16, 2014. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for a dual stimulator TENS-EMS device. The claims administrator referenced a May 26, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On a progress note dated May 19, 2015, the applicant reported ongoing complaints of neck and shoulder pain, 6-7/10. The applicant was not working, it was reported. MRI imaging of the shoulder was sought. The claimant was kept off of work. Naprosyn, Norflex, Prilosec, and Norco were renewed and/or continued. There was no mention of the TENS-EMS device at issue. In a subsequent note dated June 16, 2015, the applicant was, once again, kept off of work. The applicant had undergone three epidural steroid injections, with only fleeting relief. Once again, there was no mention of TENS-EMS dual stimulator device.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit / EMS rental (1 month trial) for the neck & shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-121. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain and Low Back Chapter Blue Cross Guidelines Aetna Guidelines.

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

Decision rationale: No, the proposed TENS-EMS dual stimulator device was not medically necessary, medically appropriate, or indicated here. The electrical muscle stimulator (EMS) component of the device is a variant of neuromuscular electrical stimulation or NMES, which, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. Rather, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that NMES should be reserved for the post stroke rehabilitative context. The attending provider's documentation and progress notes did not outline a clear or compelling case for provision of this particular device in the face of the unfavorable MTUS position on the EMS component of the same. Therefore, the request was not medically necessary.