MAXIMUS Federal Services

Case Number:	CM15-0137041		
Date Assigned:	07/28/2015	Date of Injury:	03/30/2015
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 47 year old female, who sustained an industrial injury on March 30, 2015. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having headache, cervical sprain and strain, and lumbar sprain and strain. Treatment and diagnostic studies to date has included use of transcutaneous electrical nerve stimulation unit, physical therapy, chiropractic therapy, x-ray of the lumbar spine, and trigger point impedance imaging. In a progress note dated June 30, 2015 the treating physician reports complaints of constant, moderate headaches with associated neck pain; constant, sharp, burning pain to the neck; and constant, moderate, sharp pain to the low back. Examination reveals painful range of motion to the cervical spine, tenderness to the bilateral trapezii and cervical paravertebral muscles, pain with cervical compression bilaterally, pain with shoulder depression bilaterally, painful range of motion to the lumbar spine, tenderness to the lumbar paravertebral muscles, muscle spasm to the lumbar paravertebral muscles, pain with Kemp's testing bilaterally, pain with straight leg raises bilaterally, and pain with Nachlas testing bilaterally. The treating physician requested a one month home trial of a prime dual neurostimulator (transcutaneous electrical nerve stimulation and electrical muscle stimulation) unit with supplies with the treating physician noting that use of a transcutaneous electrical nerve stimulation unit has assisted with pain reduction. The treating physician also requested localized intensive neurostimulation treatment and neuromuscular diagnostic procedure one times six to the lumbar spine for the discomfort at the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month home trial of a prime dual neurostimulator (TENS/EMS) unit with supplies intensive: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Regarding EMS, 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. There are no intervention trials suggesting benefit from NMES for chronic pain. As the EMS modality of the requested neurostimulator is not recommended, the request is not medically necessary.

Localized intensive neurostimulation treatment and NM diagnostic procedure 1x6 lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Localized High-intensity Neurostimulation Therapy.

Decision rationale: The MTUS is silent on localized instant neurostimulation therapy. Per the ODG guidelines, localized high-intensity neurostimulation is not recommended. It states to see under Hyper-stimulation analgesia. With regard to Hyper-stimulation analgesia, the ODG states: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer ([redacted]). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A d fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyper-stimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent

their extensive utilization. As the requested treatment is not recommended, it is not medically necessary.