

Case Number:	CM15-0139397		
Date Assigned:	07/29/2015	Date of Injury:	04/01/2015
Decision Date:	09/18/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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

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:

This 52 year old female sustained an industrial injury via cumulative trauma from April 1, 2014 to April 1, 2015. In the only documentation submitted for review, a request for authorization dated May 20, 2015, the physician noted that current diagnoses included radiculitis, cervical spine radiculopathy, lumbar spine radiculopathy, muscle spasms and fibromyalgia. No objective complaints or physical assessment were documented. The physician was requesting a one month home-based trial of neurostimulator TENS-EMS with electrodes, batteries and lead wires.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of neurostimulator TENS-EMS Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC.

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

Decision rationale: The device being requested is a combination unit providing transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMES). TENS is not recommended as a primary treatment modality, however, a month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The NMES is not recommended for the treatment of chronic pain. As the NMES is not recommended for chronic pain, the request for one month home-based trial of neurostimulator TENS-EMS Qty: 1.00 is not medically necessary.

Associated service: Electrodes Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC.

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

Decision rationale: The device being requested is a combination unit providing transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMES). TENS is not recommended as a primary treatment modality, however, a month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The NMES is not recommended for the treatment of chronic pain. As the request for one month home-based trial of neurostimulator TENS-EMS Qty: 1.00 is not supported, the request for associated service: electrodes Qty: 1.00 is not medically necessary.

Associated service: Batteries Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC.

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

Decision rationale: The device being requested is a combination unit providing transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMES). TENS is not recommended as a primary treatment modality, however, a month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The NMES is not recommended for the treatment of chronic pain. As the request for one month home-based trial of neurostimulator TENS-EMS Qty: 1.00 is not supported, the request for associated service: batteries Qty: 1.00 is not medically necessary.

Associated service: Lead wires Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC.

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

Decision rationale: The device being requested is a combination unit providing transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMES). TENS is not recommended as a primary treatment modality, however, a month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The NMES is not recommended for the treatment of chronic pain. As the request for one month home-based trial of neurostimulator TENS-EMS Qty: 1.00 is not supported, the request for associated service: lead wires Qty: 1.00 is not medically necessary.