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| Case Number: | CM15-0140369 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 01/31/2005 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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 low back pain reportedly associated with an industrial injury of January 31, 2005. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for a one-month trial of a TENS-EMS device. The applicant's attorney subsequently appealed. On an RFA form dated May 19, 2015, one-month trial of the TENS-EMS device was sought. In an associated progress note dated May 19, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of knee pain, hand pain, headaches, neck pain, wrist pain, and foot pain. The applicant was using naproxen, Prilosec, Norco, and Ambien, it was reported. The applicant was placed off of work, on total temporary disability, since June 1, 2015. The applicant was using naproxen, Prilosec, and Norco. Multifocal pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home trial of prime dual neurostimulator (TENS-EMS) unit for lumbar spine:
 Upheld

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

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

Decision rationale: No, the proposed one-month trial of the TENS-EMS device was not medically necessary, medically appropriate, or indicated here. The electrical muscle stimulation (EMS) component of the device represents a variant of neuromuscular electrical stimulation or NMES, which, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. Rather, NMES is recommended only in the post-stroke rehabilitative context, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Since the NMES component of the device was not indicated, the entire device was not indicated. Little-to-no narrative commentary or rationale accompanied the May 19, 2015 RFA form so as to augment the request at hand. Therefore, the request was not medically necessary.