

Case Number:	CM15-0185751		
Date Assigned:	09/25/2015	Date of Injury:	10/27/2014
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 47 year old female, who sustained an industrial injury on 10-27-2014. The injured worker is being treated for right wrist strain. Treatment to date has included diagnostics, medications and splinting. Per the Doctor's First Report of Occupational Injury or Illness dated 7-15-2015, the injured worker presented for comprehensive evaluation. She reported right forearm pain and weakness with swelling, numbness, tingling, clicking and burning sensations. She also reported pain in the right elbow and right hand-wrist described as constant with radiation to the forearm. She rates her pain as 2-4 out of 10. Objective findings included pain on palpation of the wrist structures with no visible swelling or inflammation. Work status was modified. The plan of care included medication management and an orthopedic consultation. Authorization was requested on 7-23-2015 for transcutaneous electrical nerve stimulation (TENS) unit. On 9-09-2015, Utilization Review non-certified the request for neurostimulator-TENS-EMS unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS-EMS unit and supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Regarding the request for Neurostimulator TENS-EMS (electronic muscle stimulator) unit and supplies (rental or purchase), Chronic Pain Medical Treatment Guidelines state NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Also, guidelines recommendations by types of pain: neuropathic, phantom limb, chronic regional pain syndrome, multiple sclerosis, and spinal cord injury. Within the documentation available for review, the patient is noted to have chronic pain. Guidelines do not support neuromuscular electrical stimulation in chronic pain. Also, It is unclear what other treatment modalities are currently being used within a functional restoration approach. Additionally, the patient does not have one of the types of pain listed for which a TENS is recommended. Finally, the request is for rental or purchase however the request is not able to be modified to allow for just one and certification for this request would allow for both when a one month trial is suppose to be done first. As such, the currently requested Neurostimulator TENS-EMS unit and supplies (rental or purchase) is not medically necessary.