

Case Number:	CM15-0189803		
Date Assigned:	10/01/2015	Date of Injury:	08/09/2014
Decision Date:	11/13/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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: Physical Medicine & Rehabilitation

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 41 year old, male who sustained a work related injury on 8-9-14. A review of the medical records shows he is being treated for headaches, low back, both elbows and left knee pain. Treatments have included Extracorporeal Shock Wave treatments. In the progress notes, the injured worker reports moderate, intermittent headaches. He reports constant, moderate low back pain. He reports occasional radicular pain down both legs, down the back of thighs and into the back of calves. He reports intermittent moderate and occasional sharp pain in both elbows. He reports some weakness and loss of grip in both arms. He reports pain in left knee, mostly to the lateral aspect of the kneecap. On physical exam dated 7-14-15, he has tenderness to palpation of the lumbar paravertebral muscles. Both Kemp's and Yeoman's tests cause pain. He has tenderness to palpation to medial and lateral aspects of both elbows. Cozen's and Mill's tests cause pain in right elbow. He has tenderness of left knee joint. He has crepitus in left knee. He is working modified duty. The treatment plan includes requests for EMG-NCV studies of upper and lower extremities and for shock wave therapy to left knee. In the Utilization Review dated 9-18-15, the requested treatment of 1 month home trial of a Prime Dual Neurostimulator (Transcutaneous Electrical Nerve Stimulator-Electrical Muscle Stimulation Unit) with supplies is not medically necessary.

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 a Prime Dual Neurostimulator (Transcutaneous Electrical Nerve Stimulator/Electrical Muscle Stimulation Unit) with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Electrical muscle stimulation.

Decision rationale: The 41 year old patient complains of neck pain radiating to right arm, as per progress report dated 08/11/15. The request is for One month home trial of a Prime Dual Neurostimulator (Transcutaneous Electrical Nerve Stimulator/Electrical Muscle Stimulation Unit) with supplies. There is no RFA for this case, and the patient's date of injury is 08/09/14. Diagnoses, as per progress report dated 06/01/15, included dizziness, headache, lumbar disc protrusion, bilateral elbow sprain/strain, and left knee sprain/strain. The patient is on modified duty, as per the same progress report. Prime Dual Neurostimulator is a proprietary combined TENS and EMS stimulation unit. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Electrical muscle stimulation (EMS) Section states, "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions... In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" MTUS Chronic Pain Guidelines 2009, Transcutaneous Electrotherapy Section, pages 114-121 states: "A one-month trial period of the TENS unit 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. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). In this case, none of the progress reports available for review discuss the request. The patient does complain of neck pain radiating to right arm, and has also been diagnosed with lumbar disc protrusion, and bilateral elbow sprain/strain. The patient appears to have failed conservative care including shock wave therapy. While MTUS does recommend a 30 day trial of TENS in patients with chronic pain, this request is for a dual unit which also includes an electrical muscle stimulation unit. MTUS does not recommended EMS for chronic pain. Hence, the request IS NOT medically necessary.