MAXIMUS Federal Services

Case Number:	CM15-0191750		
Date Assigned:	10/05/2015	Date of Injury:	05/11/2015
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
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, Massachusetts
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 injured worker is a 61 year old female who reported an industrial injury on 5-11-2015. Her diagnoses, and or impressions, were noted to include: left shoulder sprain-strain; cervical spine sprain-strain with multi-level degenerative disc disease; neck pain; thoracic spine sprain-strain; upper back pain; and cervicogenic headaches. Recent x-ray studies of the left shoulder were done on 7-30-2015, noting unremarkable results; no imaging studies were noted. Her treatments were noted to include: computerized range-of-motion testing on 7-30-2015; physical therapy; medication management; and rest from work. The progress notes of 7-24-2015 reported complaints which included continued stiffness and soreness; spasms in the left upper back for 3-4 hours after 15 minutes of driving; and that her neck was stiff. The objective findings were noted to include positive pain with flexion, extension and tilt; negative spasm or deformity; "N-S findings", and negative bone "crep". The physician's request for treatment was noted for recheck in 1 week, do home trans-cutaneous electrical stimulation unit daily, and stretch. The progress notes of 7-10-2015 and 7-17-2015 both requested using the home trans-cutaneous electrical stimulation unit daily, or 2-3 times a day. No Request for Authorization for a home neuro-stimulator trans-cutaneous electrical stimulation unit, & supplies was noted in the medical records provided. The Utilization Review of 9-9-2015 non-certified the request for the rental or purchase of a home neuro-stimulator trans-cutaneous electrical stimulation unit, & supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Neurostimulator TENS/EMS Unit and Supplies (Rental or Purchase): Overturned

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 rationale: According to MTUS guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for... chronic intractable pain." Criteria for use include: Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Based on the provided medical records there has been more than three months of pain, which has not been mitigated with physical therapy and medications. The requested trial of hoe TENS unit will be utilized under medical supervision and guidance. Consequently the requested 1 month rental of home TENS unit is appropriate.