

Case Number:	CM15-0196013		
Date Assigned:	10/09/2015	Date of Injury:	12/05/2014
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 35-year-old female who sustained an industrial injury on 12-5-2014. Diagnoses have included cervical strain or sprain, and right shoulder sprain or strain. Diagnostic tests for this injury are not present in the records provided. Documented treatment includes at least 9 sessions of acupuncture as of 8-8-2015 and an unspecified number of physical therapy sessions noted to be reducing pain and increasing strength and mobility; at least 4 trigger point injections as of 9-1-2015, and medication. On 8-24-2015, the injured worker complained of cervical spine pain rated 5 out of 10 including radicular pain in the right upper extremities, numbing, tingling and weakness. Functional change is noted as improving, and a decrease in pain intensity, frequency and medication intake was documented. The treating physician's plan of care includes a home-based trial of neurostimulator TENS-EMS unit which was denied on 9-9-2015. Current work status is noted as modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home based trial of neurostimulator TENS-EMS for 1 month: Upheld

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

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

Decision rationale: Home based trial of neurostimulator TENS-EMS for 1 month is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The guidelines state that NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The documentation does not indicate evidence of a stroke therefore this request is not medically necessary.