

Case Number:	CM15-0206202		
Date Assigned:	10/23/2015	Date of Injury:	08/08/2013
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 8, 2013. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve a request for a TENS-EMS device. The claims administrator referenced an RFA form received on October 1, 2015 in its determination. The applicant's attorney subsequently appealed. On an August 13, 2015 RFA form, a 1-month trial of the TENS-EMS device at issues was sought. Little-to-no narrative commentary was attached. On an associated June 24, 2015 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was reportedly 2 months pregnant, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS-EMS 1 month trial home base, Neurostimulator with supplies, rental, 1 month, lumbar and/or sacral vertebrae: 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 rationale: No, the request for a TENS-EMS device 1-month trial with associated supplies was not medically necessary, medically appropriate, or indicated here. One of the components in the device, electrical muscle stimulation (EMS), is a variant of neuromuscular electrical stimulation (NMES). However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES) is not recommended in the chronic pain context present here but, rather, should be reserved for the poststroke rehabilitative context. Since the EMS/NMES component of the device is not recommended, the entire device is not recommended. Therefore, the request was not medically necessary.