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| Case Number: | CM15-0027175 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 08/01/2014 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice

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 52 year old male who sustained an industrial injury on August 1, 2014. He has reported pain in the low back and has been diagnosed with lumbar spine sprain/strain, rule out disc displacement herniated nucleus pulposus, and radiculitis, lower extremity. Treatment has included medications and physical therapy. Currently the injured worker complains of burning radicular low back pain with muscle spasms. The pain was associated with numbness and tingling of the bilateral lower extremities. The treatment plan included medications, brace, and shockwave therapy. On February 6, 2015 Utilization Review non certified 1 month supplies (electrodes, batteries, and lead wires) and 1 month rental of prime dual transcutaneous electrical nerve stimulation (TENS) Electrical Muscle Stimulation (EMS) Unit citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month supplies (electrodes, batteries and lead wires): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, page(s) 113-115.

Decision rationale: MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. The patient does not meet the diagnostic criteria at this time. According to the clinical documentation provided and current MTUS guidelines; A TENS unit is not indicated as a medical necessity to the patient at this time. Therefore, supplies for the TENS unit is also not indicated as a medical necessity to the patient at this time.

One (1) moth rental of prime dual transcutaneous electrical nerve stimulation (TENS)/electrical muscle stimulation (EMS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, page(s) 113-115.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. The patient does not meet the diagnostic criteria at this time. According to the clinical documentation provided and current MTUS guidelines; A TENS unit is not indicated as a medical necessity to the patient at this time.