

Case Number:	CM15-0222715		
Date Assigned:	11/18/2015	Date of Injury:	06/05/2013
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old male, who sustained an industrial-work injury on 6-5-13. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine strain and sprain. Treatment to date has included pain medication, activity modifications, chiropractic (unknown amount), and other modalities. The current medications are not noted. Medical records dated 8-21-15 indicate that the injured worker has not been seen since 3-18-15. He reports low back pain with intermittent aching without radicular pain or weakness. The pain is rated 6 out of 10 on the pain scale. The physician indicates that he has had increased use of medications secondary to increased pain. He reports that previous chiropractic was very helpful. The physician notes that the functional change is worse since last exam mild to moderate pain is noted. Per the treating physician report dated 8-21-15 the work status is modified duty. The physical exam reveals moderate distress, difficulty with rising from sitting, antalgic gait, moves about gingerly without the use of a device. There is no documentation of prior trial of TENS unit. There is no previous therapy sessions noted. The requested service included Retrospective extended rental of a prime dual stimulator Transcutaneous electrical nerve stimulation (TENS-EMS) unit x 6 months (lumbar spine). The original Utilization review dated 10-22-15 non-certified the request for Retrospective extended rental of a prime dual stimulator Transcutaneous electrical nerve stimulation (TENS-EMS) unit x 6 months (lumbar spine) as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective extended rental of a prime dual stimulator (TENS/EMS) unit x 6 months (lumbar spine): 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: The claimant sustained a work injury in June 2013 and continues to be treated for low back pain. When seen. He had intermittent aching low back pain rated at 6/10. He was not having radiating pain. Prior chiropractic treatments had been helpful. He had been working at full duty and was now having increased pain and had increased use of medications. Physical examination findings included an antalgic gait without use of an assistive device. He had difficulty transitioning from a seated position. He was in moderate distress. Authorization is being requested for a six-month rental of a combined TENS-EMS unit. Use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Requesting use for 6 months would be excessive in terms of determining whether ongoing use and possible purchase of a basic unit could be considered. The requested combined TENS/EMS unit is not medically necessary.