

Case Number:	CM15-0039792		
Date Assigned:	03/10/2015	Date of Injury:	04/23/2014
Decision Date:	04/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 59 year old male, who sustained an industrial injury on April 23, 2014. The injured worker reported neck and back pain. The injured worker was diagnosed as having neck sprain. Treatment to date has included nerve conduction study and medications. Cervical and lumbar magnetic resonance imaging (MRI) dated February 2015 notes the injured worker complains of pain numbness and tingling with radiculopathy. Impression is lumbar facet arthropathy, disc protrusion and cervical disc herniation. Primary treating physician progress notes are illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) purchase of prime dual Transcutaneous Electrical Neurostimulation (TENS)/Electronic Muscle Stimulator (EMS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for Prime Dual TENS/EMS unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Additionally, NMES units are not recommended as there is no evidence to support their use in chronic pain. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial as outlined above and no clear rationale for the EMS component of the device despite the recommendations of the CA MTUS. In light of the above issues, the requested Prime Dual TENS/EMS unit is not medically necessary.