

Case Number:	CM15-0043248		
Date Assigned:	03/13/2015	Date of Injury:	12/01/2010
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/06/2015

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 66 year old male, who sustained an industrial injury on 12/1/2010. The current diagnoses are lumbar radiculopathy, lumbar sprain/strain, shoulder sprain/strain, and hand sprain strain. According to the progress report dated 10/20/2014, the injured worker complains of pain in the low back, shoulder, and wrist/hand. The pain in the low back is rated 4/10 with medications and 8/10 without. The shoulder pain is rated 4/10 with medications and 5/10 without. The wrist/hand pain is rated 9/10. Medications dispensed are Anaprox, Cyclobenzaprine, and Omeprazole. Treatment to date has included medication management, X-rays, electrodiagnostic testing, MRI, acupuncture, and chiropractic. The plan of care includes neurostimulator TENS-EMS with supplies x 12 month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS-EMS with Supplies x 12 Month Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for shoulder, wrist, hand, and low back pain. 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. In this case, there is no documented home-based trial of TENS and a 12 month rental is being requested. Therefore the requested TENS/EMS unit was not medically necessary.