

Case Number:	CM15-0046653		
Date Assigned:	03/19/2015	Date of Injury:	07/27/2012
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 50-year-old who has filed a claim for chronic neck, bilateral shoulder, and low back pain reportedly associated with an industrial injury of July 27, 2012. In a Utilization Review Report dated March 5, 2015, the claims administrator denied a one-month home-based trial of a TENS-EMS device and also denied a functional capacity evaluation. The claims administrator referenced an RFA form of February 24, 2015 and an associated progress note of February 19, 2015 in its determination. A variety of MTUS and non-MTUS guidelines were invoked. The applicant's attorney subsequently appealed. In a handwritten progress note dated February 19, 2015, difficult to follow, not entirely legible, the attending provider stated that he wished to obtain a "baseline" functional capacity evaluation. The applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck and low back pain. A combination TENS-EMS device was apparently endorsed, without much supporting rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS (transcutaneous electrical nerve stimulation)/EMS (electrical muscle stimulation) unit, 1 month home-based trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) and Neuromuscular electrical stimulation (NMES devices) Page(s): 114, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

Decision rationale: No, the request for a TENS-EMS device one-month trial was not medically necessary, medically appropriate, or indicated here. The electrical muscle stimulation (EMS) component of the request represents a variant of neuromuscular electrical stimulation or NMES. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation 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 in the device is not recommended, the entire device is not recommended. Therefore, the request was not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation. Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: Similarly, the request for a functional capacity evaluation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request, February 19, 2015. The applicant was off of work at a two-and-a-half-year mark of the date of injury. It did not appear that the applicant had a job to return to, nor did it appear that the applicant was intent on returning to the workplace at this late stage in the course of the claim. The attending provider failed to furnish a compelling or cogent applicant-specific rationale for functional capacity testing in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.