MAXIMUS Federal Services

Case Number:	CM15-0047163		
Date Assigned:	03/19/2015	Date of Injury:	06/01/2009
Decision Date:	04/24/2015	UR Denial Date:	02/24/2015
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: New Jersey
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 53-year-old female with an industrial injury dated 06/01/2006 and 06/01/2009-06/25/2010. Her diagnosis includes status port surgery cervical spine, lumbar radiculopathy and lumbar spondylosis. She was treated with cervical epidural, cervical surgery, MRI and pain medications. In the progress note dated 10/15/2014 the physician reports the injured worker has constant severe pain in back and legs with clear sacral 1 and lumbar 5 radiculopathy. Physical exam noted tenderness to palpation of the bilateral sacroiliac joints. The physician requested one-month home trial of a prime dual neurostimulator (TENS/EMS unit) dated 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prime Dual Neurostimulator (TENS/EMS unit) x 30 day 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 Transcutaneous electrotherapy, TENS Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there is some evidence to support the trial of a TENS unit. However, there was insufficient evidence to support the use of a "dual" neurostimulator with both TENS and EMS. A more reasonable request would be for a TENS device alone. Therefore, the request for "Retrospective Prime Dual Neurostimulator (TENS/EMS unit) x 30 day rental" will be considered medically unnecessary.