

Case Number:	CM15-0058408		
Date Assigned:	04/03/2015	Date of Injury:	07/22/2013
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of July 22, 2013. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve a request for a dual modality TENS-EMS stimulator device with associated electrodes. The claims administrator referenced a March 10, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On February 23, 2015, the applicant reported ongoing complaints of neck, shoulder, elbow, wrist, low back, and knee pain with derivative complaints of headaches. The applicant was tramadol for pain relief, it was acknowledged. 7/10 multifocal pain complaints were reported. Multiple dietary supplements, topical compounds, hot and cold unit, MRI studies of cervical spine, shoulder, elbow, wrist, knee, and low back, electro diagnostic testing of the bilateral upper and bilateral lower extremities, and extracorporeal shock wave therapy were endorsed while the applicant was placed off of work, on total temporary disability. The TENS unit at issue was also prescribed and/or dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Supply of Electrodes, Batteries and Lead Wires: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 one-month supply of electrodes, batteries, and lead wires was not medically necessary, medically appropriate, or indicated here. This is a derivative request, one which accompanies the primary request for a TENS-EMS device below. Since that request was deemed not medically necessary, the derivative or companion request for associated electrodes, batteries, and lead wires was likewise not medically necessary.

Purchase of Prime Dual Transcutaneous Electrical Nerve Stimulator (TENS)/ Electrical Muscle Stimulation (EMS) Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices); Criteria for the use of TENS Page(s): 121; 116.

Decision rationale: Similarly, the request for a prime dual TENS-EMS device was likewise not medically necessary, medically appropriate, or indicated here. One of the modalities in the device, electrical muscle stimulation (EMS), is a subset of neuromuscular electrical stimulation or NMES, which, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended outside of the post stroke rehabilitative context. A NMES, thus, is not recommended in the chronic pain context present here, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes. Since one modality in the device is not recommended, the entire device is not recommended. It is further noted that page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that usage of a TENS unit beyond a one-month trial should be predicated on evidence of a favorable outcome during one-month trial, in terms of both pain relief and function. Here, however, the attending provider seemingly dispensed the device in question without having the applicant first undergo a one-month trial of the same. Therefore, the request was not medically necessary.