

Case Number:	CM15-0059430		
Date Assigned:	04/06/2015	Date of Injury:	10/15/2013
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/30/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 27 year old male, who sustained an industrial injury on a continuous trauma basis from 10/15/13 to 6/5/14. He reported back and left ankle/foot pain. The injured worker was diagnosed as having left foot sprain/strain, left ankle sprain/strain, lumbar spine sprain/strain, muscle spasms, cervical spine multi-level disc protrusions, cervical spine disc desiccations, lumbar spine multi-level disc herniation, lumbar spine disc desiccation, left ankle tendinosis, and left ankle tendonitis. Treatment to date has included acupuncture and medications. Currently, the injured worker complains of left ankle pain. The treating physician requested authorization for a neurostimulation TENS-EMS unit trial with supplies. The treatment plan included continuing acupuncture and obtaining a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS-EMS unit trial with supplies: 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 TENS
Page(s): 114.

Decision rationale: Neurostimulator TENS-EMS unit trial with supplies is not medically necessary. CA MTUS states that a one month home-based TENs trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program; therefore, the request is not medically necessary.