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| Case Number: | CM15-0081062 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 03/31/2013 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: Arizona, California
 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 52 year old male, who sustained an industrial injury on 3/31/2013. He reported a low back injury, eye injury and cumulative trauma injury. The injured worker was diagnosed as having lumbar sprain/strain, cephalgia, radiculitis and eye irritation due to chemical exposure. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, TENS (transcutaneous electrical nerve stimulation), acupuncture and medication management. In a progress note dated 3/10/2015, the injured worker complains of low back pain, neck pain and eye dryness and burning. The treating physician is requesting extended rental of a Prime Dual Nerve Stimulator TENS/EMS unit for 12 months beginning 9/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended rental of a Prime Dual Nerve Stimulator TENS/EMS unit for 12 months beginning 9/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines
TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. Based on the above guidelines above and lack of clinical diagnoses to support its use, the use of a TENS and Muscle stimulator for a year exceeds the time frame for use and is not medically necessary.