

Case Number:	CM15-0241321		
Date Assigned:	12/18/2015	Date of Injury:	04/19/2015
Decision Date:	01/29/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 29 year old, male who sustained a work related injury on 4-19-15. A review of the medical records shows he is being treated for headaches, abdomen, low back and left ankle pain and psychological issues. In the Initial Comprehensive Primary Treating Physician Report dated 9-10-15, the injured worker reports frequent headaches. He reports eye irritation associated with visual disturbances. He reports abdominal pain and discomfort. He reports burning, radicular, constant low back with muscle spasms. He rates his pain level here a 5-6 out of 10. He has associated numbness and tingling in both legs. He reports burning, constant and moderate to severe left ankle pain into the foot. He rates the pain here a 4-5 out of 10. He reports stress, anxiety, insomnia and depression. He reports the pain is alleviated with medications, rest and activity restriction. Upon physical exam dated 9-10-15, he has tenderness to palpation of the lumbar paraspinal muscles and over the lumbosacral junction. He has decreased lumbar range of motion. He has positive straight leg raises with both legs. He has tenderness over the medial and lateral malleolus and dorsum of left ankle. He has decrease left ankle range of motion. Treatments have included chiropractic treatments, physical therapy, and medications. Current medications include-none listed. He is temporarily totally disabled. The treatment plan includes prescribed medications, for x-rays of lumbar spine and left ankle, for MRIs of the lumbar spine and left ankle, EMG-NCV study of bilateral lower extremities, for an ultrasound of the abdomen, for a referral to an ophthalmologist, for physical therapy, chiropractic and acupuncture, for a course of shockwave therapy, for a TENS unit and for a hot-cold unit. In

the Utilization Review dated 11-20-15, the requested treatment of a TENS-EMS unit is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury on 04/19/15 when, while removing trays from his truck, he moved backwards and lost his balance and fell off the truck landing on his left ankle. An MRI of the ankle in September 2015 was unremarkable. When seen, treatments had included medications and physical therapy. He was having radiating low back pain, radiating ankle pain, frequent headaches, and abdominal pain and discomfort. He had secondary depression, anxiety, stress, and insomnia. Physical examination findings included decreased and painful lumbar spine range of motion with positive straight leg raising. There was decreased left ankle range of motion. He had ankle tenderness. He had decreased lower extremity strength secondary to pain. There was decreased bilateral lower extremity sensation. Medications were prescribed. A TENS unit with supplies for home use was requested. Use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of a basic TENS unit. A combined TENS/EMS unit is not medically necessary for either a trial or for indefinite use.