

Case Number:	CM14-0116701		
Date Assigned:	08/04/2014	Date of Injury:	07/31/1999
Decision Date:	10/07/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old male patient who reported an industrial injury on 7/31/1999, over 15 years ago, attributed to the performance of his usual or customary job tasks. The patient is being treated for chronic pain-by-pain management. The treating diagnoses include lumbar strain, lumbar post-laminectomy syndrome; chronic neck pain; cervicogenic headaches; cervical radicular symptoms to the upper extremities; lumbar radiculopathy. The objective findings on examination included tenderness were restricted range of motion to the cervical spine, shoulder, lumbar spine. The treatment plan included a combination I and/tens unit muscle stimulator with electrodes and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential/ TENS combo unit (1month rental):

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy; interferential current stimulation Page(s): 115; 118-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back chapter-interferential therapy; pain chapter-interferential current stimulation

Decision rationale: The request for authorization for an interferential muscle stimulator provided no objective evidence to support the medical necessity of the IF neuromuscular stimulator and override the recommendations of the provided evidence-based guidelines. There was no peer reviewed objective evidence that was accepted by the national medical community to support the medical necessity of the IF unit for the treatment of chronic pain to the lower back and postoperative knee. The request is inconsistent with the recommendations of the CA MTUS for the use of electric muscle stimulators. The request for authorization of the IF muscle stimulator was not supported with objective evidence or any clinical documentation to support the medical necessity of this device for the treatment of the right shoulder. There is no demonstrated medical necessity for the use of this specific electrical stimulator. As outlined below, the ACOEM Guidelines 2nd edition states that there is insufficient evidence to support the use of interferential muscle stimulation. The chronic pain chapter of the ACOEM Guidelines does not recommend the use of IF Units for the postoperative rehabilitation of the back. The Official Disability Guidelines do not recommended the use of an Interferential Muscle stimulator unit as an isolated intervention; however, if used anyway there are certain criteria to meet prior to authorization. The requested IF unit rental x 1 month with purchase of supplies is a dual channel stimulator that is reported by the vendor to alternate between the use of neuromuscular stimulation for strengthening and interferential stimulations for pain relief. The IF unit was requested to treat the back and postoperative knee of the patient. Evidence based guidelines do not support the use of NMES or interferential muscle stimulation for the treatment of the neck or cervical spine, shoulder or forearm. Since the IF unit is a multiple channel stimulator and the NMES and Interferential muscle stimulation components are not recommended by evidence-based guidelines, then the whole device is not recommended or considered to be medically necessary or reasonable for the treatment of the shoulder. The use of a neuromuscular stimulator for the reduction of pain or control spasms is not demonstrated to be medically necessary/reasonable or meet the criteria recommended by the currently accepted evidence based guidelines. The CA MTUS does not recommend the use of Interferential Muscle Stimulators for neck, back, shoulder pain. The claims examiner reports that the low back is not accepted as part of this industrial claim. The CA MTUS and the Official Disability Guidelines only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. The Official Disability Guidelines state that there is insufficient evidence to support the use of the requested IF unit for the treatment of subacute thoracic and low back pain. There was no provided documentation that the patient was participating in a self-directed home exercise program for the effects of the industrial injury. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the Tens Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS and the Official Disability Guidelines only recommend the use of the Tens Unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the IF Electrical muscle stimulator unit in the treatment of chronic neck, back, or shoulder pain. The evidence-based guidelines discuss the ineffectiveness/side effects of medications; history of substance abuse; or an inability to respond to conservative treatment or perform physical therapy, which are not documented by the requesting physician. There is no demonstrated medical necessity for the rental of the interferential muscle stimulator with supplies. Therefore, Interferential/ TENS combo unit (1month rental) is not medically necessary.

Electrodes x2 packs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines

transcutaneous electrotherapy; interferential current stimulation Page(s): 115; 118-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back chapter-interferential therapy; pain chapter-interferential current stimulation

Decision rationale: Since there is no medical necessity for the combination TENS unit/interferential muscle stimulator. There is no demonstrated medical necessity for the purchase of the interferential muscle stimulator supplies such as electrodes x two packs. Therefore, Electrodes x2 packs is not medically necessary.

Batteriesx2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy; interferential current stimulation Page(s): 115; 118-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back chapter-interferential therapy; pain chapter-interferential current stimulation

Decision rationale: Since there is no medical necessity for the combination TENS unit/interferential muscle stimulator, There is no demonstrated medical necessity for the purchase of the interferential muscle stimulator supplies such as batteries x2. Therefore, Batteriesx2 is not medically necessary.