

Case Number:	CM14-0127216		
Date Assigned:	09/18/2014	Date of Injury:	09/26/2013
Decision Date:	10/17/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 51-year-old who sustained an injury on 9/26/13. As per the report of 5/8/14 the patient complained of low back, right knee, right lower extremity and right hand pain. Right wrist and hand pain was described as intermittent with occasional numbness. Low back pain radiated to the right lower extremity. There was associated numbness, weakness, tingling and burning. There was intermittent pain with occasional buckling and giving way in the right knee. The patient also complained of anxiety, depression, and insomnia. Physical examination of the lumbar spine revealed point tenderness in the paraspinal leg area in the thoracic and lumbar spine. Positive straight leg raising was noted at 40 degrees bilaterally. Flexion was 60 degrees and extension 25 degrees. Treatment plan includes Flurbiprofen, Tramadol, Cyclobenzaprine, Amitriptyline, Dextromethorphan, Gabapentin, Methoderm, Cyclobenzaprine, Naproxen, Omeprazole, lumbar brace, urine drug screening, physical therapy, functional capacity evaluation, and functional improvement assessment. Diagnoses include thoracic spine sprain/strain, lumbar spine sprain/strain, and history of diabetes mellitus. There was no documentation of previous use of TENS unit in the clinical records submitted with this request. The request for Prime Dual Neurostimulator TENS/EMS Unit (with supplies) was denied on 07/24/14 due to insufficient information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual Neurostimulator TENS/EMS Unit (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): 110.

Decision rationale: According to the California MTUS guidelines, TENS is not recommended as a primary therapy for chronic pain, but is recommended as a one-month home-based TENS trial, which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. The medical records do not document a reason for the requested TENS unit. There is no documented neuropathic pain or spasticity to establish the need for the TENS unit. Per guidelines, neuromuscular electrical stimulation (NMES) devices are 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. There are no intervention trials suggesting benefit from NMES for chronic pain. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. The records do not support the medical necessity of the requested device per guidelines. Based on the California MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.