

Case Number:	CM14-0128288		
Date Assigned:	09/23/2014	Date of Injury:	05/19/2009
Decision Date:	10/22/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Interventional Spine 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 66 year old male with an injury date of 05/19/09. Based on the 05/29/13 progress report provided by [REDACTED], the injured worker complains of pain in lumbar spine and left ankle. Physical examination shows decreased and painful ranges of motion to the lumbar spine and left ankle. There is tenderness to palpation and myospasm to the lumbar spine and left ankle. Treatment plan includes home exercises and physical therapy. Diagnosis 05/29/13:- left disc protrusion- lumbar myospasm- lumbar radiculopathy- lumbar sprain/strain- left ankle internal derangement- left ankle pain- left ankle sprain/strain- status post-surgery, left ankle [REDACTED]. [REDACTED] is requesting Home based Neurostimulator TENS-EMS. The utilization review determination being challenged is dated 07/10/14. The rationale is "limited evidence of TENS EMS trial prior to the date of service." [REDACTED] is the requesting provider, and he provided treatment report dated 05/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Based Neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker complains of pain in lumbar spine and left ankle. The request is for a Home Based Neurostimulator Tens-EMS. Treatment plan includes home exercises and physical therapy. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." EMS is electrical muscle stimulator, which is the same as NMES, which is not supported. Documentation regarding use and outcomes of TENS during a one-month trial period, as required by MTUS guidelines has not been submitted. There is a treatment plan, but short- and long-term goals have not been documented. The request for a Home Based Neurostimulator TENS-EMS is not medically necessary.