MAXIMUS Federal Services

Case Number:	CM14-0026444		
Date Assigned:	06/13/2014	Date of Injury:	03/06/2013
Decision Date:	09/09/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational 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:

The applicant has filed a claim for chronic shoulder, hand, wrist, and low back pain reportedly associated with an industrial injury of March 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; an unspecified amount of acupuncture; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 18, 2014, the claims administrator denied a request for a TENS-EMS device. In a December 27, 2013 progress note, the applicant reported multifocal bilateral hand, fingers, shoulder, head, neck, upper back, and lower back pain, collectively rated 7/10, with derivative complaints of insomnia, headaches, and depressed mood. A psychological consultation was sought. The applicant was placed off of work, on total temporary disability, and asked to follow up in five to six weeks. In a progress note dated August 9, 2013, the applicant again presented with multifocal neck and back pain. Trigger point injections, Percocet, naproxen, Medrox, and Flexeril were endorsed. The applicant's work status was not furnished. The retrospective authorization for a TENS-EMS neurostimulator device between August 22, 2013 and February 17, 2014 were later sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR AN EXTENDED RENTAL OF NEUROSTIMULATOR TENS-EMS BETWEEN 8/22/2013 AND 2/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 121, Neuromuscular Electrical Stimulation topic.2. MTUS 9792.20f Page(s): 121.

Decision rationale: One of the components of the device, electrical muscle stimulation (EMS), is a form of neuromuscular electrical stimulation (NMES). However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is recommended only in the post stroke rehabilitative context as opposed to the chronic pain context present here. It is further noted that the applicant appears to have received this device, despite the unfavorable MTUS position on the same and, moreover, failed to affect any lasting benefit or functional improvement through usage of the device. The applicant remained off of work, on total temporary disability, and remained highly reliant on various oral pharmaceuticals, including oral opioids such as Percocet. All of the above, taken together, suggest a lack of functional improvement as defined in the MTUS despite prior usage of the TENS-EMS device. Therefore, the Extended Rental of Neurostimulator Tens-Ems Between 8/22/2013 and 2/17/2014 is not medically necessary.