MAXIMUS Federal Services

Case Number:	CM14-0142641		
Date Assigned:	09/10/2014	Date of Injury:	05/12/2014
Decision Date:	01/02/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 injured worker is a 28 year old male with a date of injury on 5/12/14 with related head injury and low back pain. Per the progress report dated 10/8/14, the injured worker had transitioned to [redacted] Program and he and his wife reported things were going well. They continued to receive couples therapy and the injured worker continued to receive psych support. The injured worker complained of headaches, altered mood with anxiety, depression, anger, diplopia, speech dysfluency, and low back pain. Treatment to date has included physical therapy, TENS unit, and medication management. The date of UR decision was 8/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI PV300 NMES/TENS unit with 2 leads, 2x3.5 neurostimulation electrodes purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation BlueCross BlueShield, Official Disability Guidelines (ODG)

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function.The MTUS is silent on this specific device, which may be used to provide TENS as well as NMES therapy, among its multiple modes. NMES is specifically not recommended by the MTUS. This device has the ability to function in a manner similar to a TENS unit, however I was not able to find any documentation of a TENS trial nor that the patient is in a functional restoration program. The MTUS recommends against NMES, and TENS or interferential current systems as isolated modalities.As the requested unit functions in a capacity not endorsed by the MTUS, the request is not medically necessary. The documentation submitted for review provided no rationale as to why a combination device was necessary.