MAXIMUS Federal Services

| Case Number: | CM14-0211850 | | |
|---|---|---|---|
| Date Assigned: | 12/24/2014 | Date of Injury: | 02/16/2001 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/13/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

## 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 45-year-old gentleman with a date of injury of 02/16/2001. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/30/2014 indicated the worker was experiencing right foot pain and numbness and pain in both knees. A documented examination described a stiff and painful walking pattern. The submitted and reviewed documentation concluded the worker was suffering from right foot pain and numbness after a partial amputation, right foot wound, knee strain due to an altered gait, and seasonal affective disorder. Treatment recommendations included medications, consultation with podiatry, TENS, a replacement foot prosthesis, and follow up care. A Utilization Review decision was rendered on 11/13/2014 recommending non-certification for a one-month home-based trial of a TENS-EMS neurostimulator unit with supplies.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month home-based trial of neurostimulator TENS-EMS unit with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

**Decision rationale:** Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. Electronic muscle stimulation (EMS) stimulates muscles and mimics exercise in those with nerve injuries. The MTUS Guidelines are silent on this issue, and there is no good evidence in the literature showing benefit for the treatment of pain. The submitted and reviewed documentation indicated the worker was experiencing right foot pain and numbness and pain in both knees. There was no discussion indicating any of the conditions or situations described above, detailing the results of a one-month TENS trial, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for a one-month home-based trial of a TENS-EMS neurostimulator unit with supplies is not medically necessary.