MAXIMUS Federal Services

Case Number:	CM14-0215425		
Date Assigned:	01/05/2015	Date of Injury:	12/13/2012
Decision Date:	02/20/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This individual is a 58 y/o female who has developed chronic neck, low back, shoulder and a wide spread myofascial pain syndrome subsequent to an injuury dated 12/13/13. There is no history of a trial of a usual and customary TENS unit. There is no documentation of recent surgery or rehabilitation from a significant nerve injury. There is a request for a trial of a electrical stimulation unit which consists of a neuromuscular electrial stimulation, microcurrent stimulation, TENS stimulation and inferential stimulation. No evidenced based medical support for such a device is provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds4 + INF (interferential) stimulator for 1 month home use with conductive garment and electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES Device), Interferential.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-121..

Decision rationale: MTUS Guidelines are very specific that Microcurrent and NMES stimulation are not recommended. This device provides both of these non-Guideline recommended stimulation parameters. There are no unusual circumstances to justify an exception to Guidelines and there are no unusual circumstances why a usual and customary TENS unit would not be trialed. In addition, MTUS Guidelines state that a conductive garment is not recommended during the trial period of an inferential unit. The Meds4+INF stimulator for 1 month home use with conductive garment and electrodes is not supported by Guidelines; therefore, this request is not medically necessary.