

Case Number:	CM15-0014529		
Date Assigned:	02/03/2015	Date of Injury:	01/03/2005
Decision Date:	03/23/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 67 year old female, who sustained an industrial injury on January 3, 2005. The diagnoses have included cervical spine sprain/strain, stenosis, bilateral shoulder sprain, bilateral wrist strain and bilateral de Quervain's arthralgia. A progress note dated November 4, 2014 provides the injured worker complains of neck, shoulder and wrist pain rated 5/10 and unchanged since previous report. The plan was to request physical therapy, acupuncture and injection. On January 23, 2015 utilization review non-certified a request for retrospective (12/8/14) Neurostimulator TENS EMS Unit & Supplies (Rental or Purchase) and Continued Use of Neurostimulator TENS EMS Unit & Supplies (Rental or Purchase) The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS EMS Unit & Supplies (Rental or Purchase): 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 TENS unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, Neuromuscular electric stimulator, TENS

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, neurostimulator, TENS, electro-muscle-stimulator unit with supplies, rental or purchase is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; bilateral shoulder sprain any: bilateral wrist strain; and bilateral DeQuervains tenosynovitis; status post left carpal release surgery; and status post right carpal release surgery. The documentation does not contain evidence of a prior one month TENS trial. There is no documentation of specific short and long-term goals to be achieved with a TENS unit. Additionally, neuromuscular electrical stimulation (NMES) is not recommended. NMES is recommended as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Consequently, absent clinical documentation and guideline recommendations, neurostimulator, TENS, electro-muscle-stimulator unit with supplies, rental or purchase is not medically necessary.

Continued Use of Neurostimulator TENS EMS Unit & Supplies (Rental or Purchase):
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 TENS unit. Decision based on Non-MTUS Citation Pain section, Neuromuscular electric stimulator, TENS

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued use neurostimulator, TENS, electro-muscle-stimulator unit with supplies, rental or purchase is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited

to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine sprain/strain; bilateral shoulder sprain any: bilateral wrist strain; and bilateral DeQuervain's tenosynovitis; status post left carpal release surgery; and status post right carpal time release surgery. The documentation does not contain evidence of a prior one month TENS trial. There is no documentation of specific short and long-term goals to be achieved with a TENS unit. Additionally, neuromuscular electrical stimulation (NMES) is not recommended. NMES is recommended as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Absent clinical documentation and guideline recommendations, neurostimulator, TENS, electro-muscle-stimulator unit with supplies, rental or purchase was not medically necessary. Consequently, continued use neurostimulator, TENS, electro-muscle-stimulator unit with supplies, rental or purchase is not medically necessary.