

Case Number:	CM15-0112333		
Date Assigned:	06/18/2015	Date of Injury:	11/12/2013
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female with an industrial injury dated 11/12/2013. The injured worker's diagnoses include traumatic brain injury, closed head injury, loss of consciousness, post-concussion symptoms, headache, post traumatic labyrinth syndrome, cervical spine sprain/strain with radiculitis, lumbar spine sprain/strain with radiculitis, left knee sprain/strain, patellofemoral disorder, lateral collateral ligament (LCL) partial tear and right knee/left forearm contusion secondary to fall. Treatment consisted of diagnostic studies, prescribed medications, injections and periodic follow up visits. In a progress note dated 4/15/2015, the injured worker reported cervical spine pain rated 8-9/10, low back pain rated a 7/10 and left knee pain rated a 9/10. Physical exam revealed mild tenderness of lumbar/lumbar-sacral and left spasm. In a progress note dated 04/27/2015, the injured worker reported improvement in lumbar spine pain status post first lumbar epidural steroid injection (ESI) on 4/8/2015. The injured worker also reported worsening cervical spine pain with radiculitis to the arms at C3-C7 dermatomes. Objective findings revealed moderate distress, tenderness to palpitation over the spinous process from C3-C7, increased tone in trapezius with point tenderness in the form of severe myofascial pain with severe guarding. The treating physician also reported decreased range of motion in the cervical spine, limited range of motion of the upper extremities and radiculitis/radiculopathy following dermatomal distribution of C3-C7. The treating physician prescribed services for one-month home-based trial of transcutaneous electrical nerve stimulator - electronic muscle stimulator unit with pads and supplies now under review.

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 transcutaneous electrical nerve stimulator - electronic muscle stimulator unit with pads and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical stimulators (E-stim); Neuromuscular electrical stimulation (NMES); TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, Page(s): 114,121.

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for low back and radiating neck pain. When seen, there had been improvement after a lumbar epidural injection. There was decreased cervical spine range of motion with spinous process pain. There was increased bilateral trapezius muscle tone with tenderness and guarding. There were upper extremity radicular findings. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. However, use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The requested trial using a combination TENS/EMS unit is not medically necessary.