

Case Number:	CM15-0121506		
Date Assigned:	07/02/2015	Date of Injury:	08/30/2013
Decision Date:	07/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/23/2015

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 34 year old male, who sustained an industrial injury on 08/30/2013. The injured worker reported that he was performing work on a staircase when his leg became tangled in an electrical cord causing the injured worker to trip and fall backwards causing injuries to the back, neck, and right leg. The injured worker was diagnosed as having protrusion at lumbar five to sacral one with the right greater than the left foraminal stenosis and radiculopathy, protrusion at lumbar four to five, facet osteoarthopathy at lumbar five to sacral one, lumbar radiculopathy, and cervical radiculopathy. Treatment and diagnostic studies to date has included status post percutaneous epidural decompression neuroplasty of the cervical nerve roots, extracorporeal shockwave therapy, functional capacity evaluation, laboratory studies, chiropractic therapy, medication regimen, physical therapy, acupuncture, magnetic resonance imaging of the lumbar spine, use of heat and ice, use of a transcutaneous electrical nerve stimulation unit, and ultrasound therapy. In a pain management consultation dated 02/26/2015 the treating physician reports complaints of low back pain that radiates to the lower extremities and neck pain that radiates to the upper extremities. Examination reveals decreased range of motion to the cervical spine, tenderness to the sternocleidomastoid and trapezius muscles, positive straight leg raise bilaterally, decreased range of motion to the lumbar spine, and facet tenderness to bilateral lumbar four to five and lumbar five to sacral one. The injured worker's low back pain is rated an 8 to 9 on a visual analog scale of 0 to 10 and the injured worker's neck pain is rated was rated 6 to 7 on a visual analog scale of 0 to 10. The medical records provided noted prior use of a transcutaneous electrical nerve stimulation unit but the documentation provided did not indicate if the injured worker experienced any improvement in pain

secondary to use of a transcutaneous electrical nerve stimulation unit or any functional improvement secondary to use of a transcutaneous electrical nerve stimulation unit. The treating physician requested one month home based trial of neurostimulator transcutaneous electrical nerve stimulation unit with electrical muscle stimulation to the cervical and lumbar spine, but the documentation provided did not indicate the specific reason for the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of neurostimulator TENS - EMS with supplies (cervical & lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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-related injury in August 2013 and continues to be treated for radiating neck and low back pain. When seen, there was decreased lumbar and cervical spine range of motion with tenderness and positive cervical compression testing. Medications were prescribed and shock wave treatments for the spine were recommended. In terms of TENS for the treatment of chronic pain, 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 was not medically necessary.