

Case Number:	CM15-0122405		
Date Assigned:	07/06/2015	Date of Injury:	11/11/2010
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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

Certification(s)/Specialty: Family Practice

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 28-year-old female EMT who sustained an industrial injury on 11/11/2010, the injured worker was diagnosed as having shoulder pain. Later diagnoses after a MRI were; intervertebral disc disorder with myelopathy, cervical region; and displacement of cervical intervertebral disc without myelopathy. Diagnostic to date has included MRI of the cervical spine without contrast (01/08/2013) showed asymmetric osteophytic spurring encroaching on the lateral recess and neural foramen at C2-C3 on the right to a mild to moderate degree. No obvious nerve root entrapment was seen; however, there appears to be a slight nerve root deviation. There was also noted a multilevel posterior subligamentous disc bulging which was mild and most prominent at the C6-C7 level with mild thecal sac changes. A diagnostic steroid injection (06/25/2014) gave excellent pain relief lasting for four days. Physical therapy sessions were reported to improve her range of motion and strength. Currently, the injured worker complains of pain in the neck and right shoulder. The pain intermittently extends all the way down the right arm with catching and clicking. On examination, she has full range of motion of the shoulder with discomfort at the end range of motion. Rotator strength is good. Distal neurovascular examination is normal. Strength is intact. Physical therapy was felt to be beneficial in improving range of motion and strength, and a transcutaneous electrical nerve stimulation (TENS) unit used in physical therapy was felt to be beneficial. On 05/22/2015, her pain level was rated a 1-4/10. The injured worker is noted to have evidence of cervical radiculopathy. The treatment plan included a request for a TENS unit. A request for authorization is made for the following: 1. GSMHD combo transcutaneous electrical nerve

stimulation (TENS) unit with Han (purchase), 2. Electrodes (8 pairs per month), One (1) month, and 3. AAA (triple A) batteries 6 per month, One (1) month.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSMHD combo TENS with Han (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulation (NMES devices) Page(s): 113-116, 120. Decision based on Non-MTUS Citation http://goldenstatemedical.net/pdfs/GSM_HD_Combos_Flyer1.pdf.

Decision rationale: The request is for GSMHD combo TENS with Han. This unit contains both a Tens unit and Neuromuscular electrical stimulation (NMES devices) device. The MTUS guidelines specifically state that neuromuscular electrical stimulation (NMES devices) device is not recommended. . Per the MTUS guidelines, NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The request for a unit that contains durable medical equipment not recommended by the MTUS guidelines is not supported. The request for GSMHD combo TENS with Han (purchase) is not medically necessary and appropriate.

Electrodes (8 pairs per month), One (1) month: 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, Neuromuscular electrical stimulation (NMES devices) Page(s): 113-116, 120. Decision based on Non-MTUS Citation http://goldenstatemedical.net/pdfs/GSM_HD_Combos_Flyer1.pdf.

Decision rationale: The request for GSMHD combo TENS with Han (purchase) has not been deemed medically necessary per the MTUS guidelines. The request for electrodes is therefore also not supported. The request for Electrodes (8 pairs per month), One (1) month is not medically necessary and appropriate.

AAA (triple A) batteries 6 per month, One (1) month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulation (NMES devices) Page(s): 113-116, 120. Decision based on Non-MTUS Citation http://goldenstatemedical.net/pdfs/GSM_HD_Combo_Flyer1.pdf.

Decision rationale: The request for GSMHD combo TENS with Han (purchase) has not been deemed medically necessary per the MTUS guidelines. The request for batteries is therefore also not supported. The request for AAA (triple A) batteries 6 per month, One (1) month is not medically necessary and appropriate.