MAXIMUS Federal Services

Case Number:	CM15-0125429		
Date Assigned:	07/10/2015	Date of Injury:	01/13/2015
Decision Date:	08/06/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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 66-year-old male with an industrial injury dated 01/13/2015. The injured worker's diagnoses include headache, lumbar sprain/strain, myofascitis, right shoulder sprain/strain, left elbow sprain/strain, right wrist/ hand sprain/strain, right 5th digit contracture, right knee sprain/strain, stress/anxiety, depression and insomnia. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported pain in the lumbar spine, right shoulder, left elbow, right wrist, right hand, right pinky and right knee. Objective findings revealed tenderness with spasm of lumbar spine and right shoulder impingement. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed services for one month home trial of a prime dual neurostimulator (transcutaneous electrical nerve stimulation (TENS) /EMS unit) with supplies now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home trial of a Prime Dual Neurostimulator (TENS/EMS unit) with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neuromuscular electric stimulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one month home trial of a Prime Dual Neurostimulator (TENS-EMS unit) with supplies 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 headache; lumbar sprain strain; myofaciitis; right shoulder sprain strain; left elbow sprain strain; right wrist/hand sprain strain; right fifth digit contracture; right knee sprain strain; stress, anxiety and depression. The date of injury is January 13, 2015. The request for authorization is June 25, 2015. The progress note is largely illegible. TENS-EMS was ordered on May 28, 2015. Subjectively, the injured worker has low back pain, right shoulder pain, knee pain, right wrist and hand pain. Objectively, there is tenderness palpation over the lumbar spine. There is no discussion or documentation of the requested neurostimulator (TENS-EMS) unit in the medical record. There was no clinical indication or rationale and the medical record. The area to be treated is not documented in the medical record. Additionally, neuromuscular electrical stimulation (NMES devices) are not recommended. Consequently, absent clinical documentation with clinical indication and rationale in a largely illegible progress note with guideline non-recommendations, one month home trial of a Prime Dual Neurostimulator (TENS-EMS unit) with supplies is not medically necessary.