MAXIMUS Federal Services

Case Number:	CM15-0172122		
Date Assigned:	09/14/2015	Date of Injury:	06/25/2009
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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:

This is a 48-year-old female worker who was injured on 6-25-2009. The medical records reviewed indicated the injured worker (IW) was treated for cervical spine sprain and strain, rule out herniated nucleus pulposus; cervical radiculopathy; status post cervical spine surgery; bilateral shoulder and wrist sprain and strain, rule out internal derangement; bilateral elbow sprain and strain, rule out lateral epicondylitis; rule out medial epicondylitis; and rule out bilateral wrist tenosynovitis. The progress notes (7-9-15) indicated the IW had neck pain with associated numbness, tingling, weakness, muscle spasms and pain in the bilateral upper extremities rated 7 out of 10. Actions including gripping, grasping, reaching, pulling, lifting and working at or above shoulder level aggravated the pain. Medications, rest and activity restriction alleviated the pain. The IW was placed on modified work duties. On physical examination (7-9-15), there was tenderness to palpation of the suboccipital area, scalene and trapezius muscles, bilateral shoulders, elbows and wrists, with decreased range of motion in all joints. Sensory deficits were noted in the C5 through T1 dermatomes and motor strength was decreased in the upper extremities due to pain. Treatments have included medications, several courses of physical therapy, neck surgery and cortisone injection for the shoulder. A Request for Authorization was received for TENS or EMS unit & supplies rental or purchase. The Utilization Review on 8-13-15 non-certified the request for TENS or EMS unit and supplies (rental or purchase), as the CA MTUS Chronic Pain Medical Treatment guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/ EMS unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Regarding EMS, 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. There are no intervention trials suggesting benefit from NMES for chronic pain. As the EMS modality of the requested neurostimulator is not recommended, the request is not medically necessary.