MAXIMUS Federal Services

Case Number:	CM15-0176938		
Date Assigned:	09/17/2015	Date of Injury:	05/26/2015
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial-work injury on 5-26-15. He reported initial complaints of neck, back, and ankle pain due to cumulative trauma. The injured worker was diagnosed as having cervical musculoligamentous injury, cervical strain-sprain, lumbar musculoligamentous injury, lumbar sprain-strain, bilateral AC (acromio-clavicular) joint sprain-strain, left shoulder impingement injury, bilateral ankle sprain-strain, anxiety, depression, and acute stress disorder. Treatment to date has included medication. Currently, the injured worker complains of dull achy neck pain and stiffness associated with prolonged looking down and stress, shoulder pain and stiffness associated with activity, and bilateral ankle pain and cramping associated with prolonged walking. There was also depression, anxiety, and irritability. Per the primary physician's progress report (PR-2) on 7-17-15, exam of the cervical spine noted normal range of motion, tenderness with palpation of the cervical paravertebral muscles and right trapezius. Cervical compression was absent. Lumbar spine exam noted normal range of motion, tenderness to the lumbar paravertebral muscles, muscle spasm, Nachlas caused pain on the right. Shoulder exam noted tenderness of the acromioclavicular joint, positive cross arm test on both shoulders. Exam of the right ankle revealed normal range of motion, tender Achilles tendon. The left ankle noted reduced range of motion, tenderness to Achilles tendon, lateral heel, and medial heel. Current plan of care includes medication, DME (durable medical equipment), psychological evaluation, diagnostic testing, acupuncture, chiropractor, and physical therapy. The Request for Authorization date was 7-17-15 and requested service that included transcutaneous electrical nerve stimulation (TENS) unit /EMS

(electrical muscle stimulation) unit BID 15-20 minutes (rental). The Utilization Review on 8-18-15 denied the request due to not meeting criteria for use, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Chronic Pain Medical Treatment 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS unit BID 15-20 minutes (rental): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Electrical muscle stimulation (EMS).

Decision rationale: Based on the 7/17/15 progress report provided by the treating physician, this patient presents with cervical spine pain rated 5/10, bilateral shoulder pain rated 5/10, and bilateral ankle pain rated 2/10. The treater has asked for TENS/EMS unit BID 15-20 minutes (rental) on 7/17/15 "for cervical spine, lumbar spine, left ankle and right ankle". The patient's diagnoses per request for authorization dated 7/17/15 are sprain of lumbar, sprain of ligaments of cervical spine, and sprain of ankle unspecified site. The patient's treatment was not included per review of reports dated 6/17/15 to 717/15. The patient's neck pain is stated to be activity-dependent to intermittent per 7/17/15 report. The patient's work status is described as "not able to perform usual work" per 6/17/15 report. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Electrical muscle stimulation (EMS) Section states, "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS)." Per report dated 7/17/15, the patient reports cervical spine pain, bilateral shoulder pain, and bilateral ankle pain. Per requesting 7/17/15 report, the treater is recommending a combination TENS/EMS unit for use on the lumbar spine, cervical spine, and bilateral ankles. The treater has not provided reason for the request, no documented objective progress towards functional restoration. While MTUS does recommend a 30 day trial of TENS, the request is for a dual unit, of which EMS or electrical muscle stimulator is specifically not recommended for chronic pain. This request does not meet guideline indications. Therefore, the request for TENS /EMS dual unit is not medically necessary.