

Case Number:	CM15-0041175		
Date Assigned:	03/11/2015	Date of Injury:	05/21/2012
Decision Date:	05/27/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/04/2015

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 62 year old female, who sustained an industrial injury on 05/21/2012. She reported injuries to her left knee and hand. The injured worker is currently diagnosed as having lumbar spine sprain/strain with herniated nucleus pulposus at L4-5, left wrist contusion rule out fracture, and status post left patella fracture and open reduction and internal fixation. Treatment and diagnostics to date has included lumbar spine MRI, home exercise program, right wrist brace, left knee brace, left knee surgery, physical therapy, bone stimulator, and medications. In a progress note dated 11/26/2014, the injured worker presented with complaints of left wrist pain, lumbar spine pain, left knee pain, and right wrist pain. The treating physician reported requesting authorization for Transcutaneous Electrical Nerve Stimulation Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental TENS/EMS Unit Times 8 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Neuromuscular electrical stimulation (NMES) Page(s): 116-121.

Decision rationale: The patient presents with pain in the left knee, rated 5/10 and bilateral wrists, rated 8/10. The request is for RENTAL TENS/EMS UNIT TIMES 8 MONTHS. Patient's treatments have included medications, home exercise, wrist brace, bone stimulator, and physical therapy. Per 09/23/14 progress report, patient's diagnosis include left wrist avascular necrosis of the lunate, left extensor carpiulnaris tendinitis, s/p left carpal tunnel syndrome, and right carpal tunnel syndrome severe per EMG 5-10-13. Patient's medications, per 10/13/14 progress report include Motrin and Omeprazole. Patient is temporarily totally disabled. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. For Neuromuscular electrical stimulation (NMES), or EMS, MTUS p121 states, "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." The treater does not discuss this request. In review of the medical records provided, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short and long-term goals. The treater has asked for 8 months of use which exceeds allowed one month trial for a TENS unit per MTUS. Furthermore, this unit is a combo with an EMS. MTUS does not support EMS or NMES for chronic pain condition. The request IS NOT medically necessary.