

Case Number:	CM15-0062314		
Date Assigned:	04/08/2015	Date of Injury:	07/15/2014
Decision Date:	06/11/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 43 year old male, who sustained an industrial injury on 07/15/2014. The injured worker was diagnosed as having sprain/strain of the shoulder and cervical spine. Treatment to date has included medications, physical therapy, injections and extracorporeal shockwave therapy. According to an undated, partially legible, handwritten progress report submitted for review, the injured worker complained of pain in the neck and right shoulder. Pain was rated 3-5 on a scale of 1-10. Objective findings included decreased range of motion in the cervical spine and right shoulder. Treatment plan included acupuncture, physical therapy and medications. Currently under review is the request for one month home trial of a prime dual neuro stimulator (TENS/EMS Unit).

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 Neuro stimulator (TENS/EMS Unit): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: MTUS states regarding TENS unit, “Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. MTUS further states criteria for selection: Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary.” The treating physician's progress notes do indicate that the patient has poorly controlled pain and is unresponsive to conservative measures. The patient does meet criteria for a TENS unit. However, the request is for a dual TENS/EMS Unit is not supported by guidelines. As such, the request for One month home trial of a Prime Dual Neuro stimulator (TENS/EMS Unit) is not medically necessary.