

Case Number:	CM15-0064792		
Date Assigned:	04/10/2015	Date of Injury:	09/25/2014
Decision Date:	06/30/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old male who sustained an industrial injury on 09/25/2014. Current diagnoses include lumbar myofasciitis, lumbar sprain/strain, left carpal sprain/strain, left wrist pain, and left wrist sprain/strain. Previous treatments included medications and functional capacity evaluation. Previous diagnostic studies include left wrist and lumbar spine x-rays, and MRI's of the left wrist and lumbar spine. Initial injuries included the back and left wrist. Report dated 02/12/2015 noted that the injured worker presented with complaints that included lumbar spine pain and left wrist pain. Pain level was 5 out of 10 (lumbar spine) and 8 out of 10 (left wrist) on a visual analog scale (VAS). Physical examination was positive for pain in the right wrist with grip strength testing, tenderness to palpation of the lumbar paravertebral muscles and spinous process, muscle spasms of the lumbar paravertebral muscles, Kemp's causes pain, tenderness to palpation of the volar wrist, and positive grind test. The treatment plan included requests for compound creams, TENS-EMS unit for the lumbar spine and left wrist, referred for urine testing analysis, request for MRI, and treatment recommendations for acupuncture, chiropractic, electroshock wave therapy (ESWT), and physio therapy. Disputed treatments include one month home based trial of neurostimulator TENS-EMS (left wrist, lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

One Month Home based Trial of Neurostimulator TENS-EMS (Left wrist, Lumbar Spine):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116-118.

Decision rationale: The injured worker sustained a work related injury on 09/25/2014. The medical records provided indicate the diagnosis of lumbar myofasciitis, lumbar sprain/strain, left carpal sprain/strain, left wrist pain, and left wrist sprain/strain. Previous treatments included medications and functional capacity evaluation. The medical records provided for review do not indicate a medical necessity for One Month Home based Trial of Neurostimulator TENS-EMS (Left wrist, Lumbar Spine). The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. The medical records reviewed does not indicate the injured worker has failed treatment with other modalities. Also, the diagnoses do not include any of Neuropathic pain: Phantom limb pain and CRPS II; and Spasticity. The request is not medically necessary.