

Case Number:	CM15-0068261		
Date Assigned:	04/15/2015	Date of Injury:	08/19/2013
Decision Date:	06/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania, Ohio, 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 54 year old female, who sustained an industrial injury on 8/19/13. She reported neck, shoulders and back. The injured worker was diagnosed as having cervical sprain/strain, cervical radiculopathy, thoracic sprain/strain, lumbar radiculopathy, lumbar spine disc protrusion, bilateral shoulder internal derangement, depression and stress. Treatment to date has included oral medications including opioids, home exercise program and activity restrictions. Currently, the injured worker complains of neck pain radiating to bilateral lower extremities with numbness and tingling, constant mid back pain, constant low back pain radiating to bilateral lower extremities and constant bilateral shoulder pain; all pain is 9/10. The injured worker noted pain is decreased with medications. Physical exam noted decreased range of motion of cervical spine with tenderness to palpation along the cervical spine with palpable spasms along the trapezius muscles of cervical spine bilaterally, decreased range of motion of right shoulder with tenderness along the subacromial space bilaterally with tenderness and spasms noted over the trapezius muscles bilaterally and decreased range of motion of lumbar area with tenderness along the lumbar spine with tenderness along the paravertebral muscles bilaterally with spasms. A request for authorization was submitted for one month supply of TENS unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-TENS/EMS trial with supplies: 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, NMES Page(s): 114, 121.

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. Therefore a TENS rental and associated supplies are not medically necessary. Additionally MTUS states that NMES or neuromuscular stimulation (sometimes referred to as EMS, which has been requested in this case) is indicated in some case for post-stroke rehabilitation but is not supported for treatment of chronic pain. The records do not provide an alternate rationale for an NMES device. For these additionally reasons this overall request is not medically necessary.