MAXIMUS Federal Services

Case Number:	CM15-0090107		
Date Assigned:	05/14/2015	Date of Injury:	05/29/2014
Decision Date:	06/23/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: 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(n) 51 year old female, who sustained an industrial injury on 5/29/14. She reported injury to her right arm, shoulders, back and wrists due to a slip and fall accident. The injured worker was diagnosed as having cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, right shoulder impingement and left shoulder internal derangement. Treatment to date has included a right rotator cuff repair on 2/12/15, Cyclobenzaprine, Naproxen and a cervical MRI on 3/19/15 showing C2-T1 diffuse disc herniation. As of the PR2 dated 3/3/15, the injured worker reports pain in the left shoulder blade, left arm and hand. The treating physician noted tenderness to palpation of the acromioclavicular joint and a positive Hawkin's test on the left. Also, decreased range of motion in the cervical and lumbar spine and paravertebral muscle spasms. The treating physician requested a Neurostimulator-TENS-EMS rental x 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator - TENS-EMS rental x 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section Page(s): 114-116, 121.

Decision rationale: The device being requested is a combination unit providing transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMES). MTUS guidelines state that TENS is not recommended as a primary treatment modality, however, a month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The NMES is not recommended for the treatment of chronic pain. The injured worker may meet the criteria established in the guidelines cited above for a one month trial of a TENS unit. This would require the TENS being used as an adjunct to treatment modalities within a functional restoration approach. Continued use of the TENS would require documentation of the treatment modalities being utilized, how often the TENS unit was used, as well as outcomes including pain relief and function, other pain treatments including medication use, and a treatment plan for the use of the TENS unit. Purchasing a TENS unit with supplies would not be supported by these guidelines without adequate documentation of the efficacy of the unit during this trial. This request includes NMES functions, which are not supported by these guidelines. The request for neurostimulator - TENS-EMS rental x 1 month is not medically necessary.