

Case Number:	CM15-0097988		
Date Assigned:	05/29/2015	Date of Injury:	12/07/2013
Decision Date:	09/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 41 year old male who sustained an industrial injury on 12/07/2013. The worker was injured on the job when in a vehicular accident. He complained of persistent episodes of pain with associated muscle spasms about the neck, upper back, mid back and low back. The neck and back pain radiates in to the shoulder blades, buttocks, hips as well as his bilateral lower extremities. He also complains of headaches. The injured worker was diagnosed as having: Lumbar spine strain with bilateral radiculitis, Cervical sprain-strain with myofasciitis, Thoracolumbar sprain-strain with myofasciitis, Rule out intervertebral disc syndrome, cervical and lumbar spine, Cervicogenic headaches. Treatment to date has included acupuncture, physical therapy, pain medications, X-rays, and MRI's. Currently, the injured worker complains of a slight frequent to intermittent moderate pain and aches in the low back that radiates to the mid back and to the bilateral lower extremities from buttocks to knees. He takes Tramadol for pain. His neck pain is described as an achy pain that he rates as a 5-9 on a scale of 0-10. The low back pain is described as achy and rated as a 6-9 on a scale of 0-10. Examination of the cervical spine showed normal range of motion limited by pain and spasm. Multiple trigger points were identified. Range of motion of the thoracic and lumbosacral spine was normal and also limited by spasm and pain. The treatment plan was for durable medical equipment, and Chiropractic care. A request for authorization was made for the following: 1. One (1) month home-based trial of neurostimulator TENS-EMS (with supplies.)2. Chiropractic treatment 2 x 3 for cervical and lumbar spine. 3. Lumbar spine corset brace, purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month home-based trial of neurostimulator TENS-EMS (with supplies): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neuromuscular electrical stimulation (EMS).

Decision rationale: Pursuant to the Official Disability Guidelines, one-month home-based trial of neurostimulation TENS-EMS with supplies is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnosis is lumbar spine strain with bilateral radiculitis. The date of injury is December 7, 2013. Request for authorization is April 16, 2015. There are two progress notes by the requesting provider in the medical record. A progress note dated March 5, 2015 subjectively states the injured worker has low back pain that radiates to the buttocks and legs with leg weakness. Objectively, the documentation indicates "no positive findings". The worker has not received prior acupuncture or chiropractic treatment. According to a May 29, 2015 progress note, the treating provider was authorized chiropractic treatments. No formal physical therapy has been provided to date. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Additionally, a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The injured worker has not received conservative management (physical therapy) to date. Consequently, absent guideline recommendations for neurostimulation TENS-EMS and conservative management (physical therapy), one month home-based trial of neurostimulation TENS-EMS with supplies is not medically necessary.