

Case Number:	CM15-0098739		
Date Assigned:	06/01/2015	Date of Injury:	11/10/2013
Decision Date:	06/30/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 11/10/2013. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include closed head trauma with loss of consciousness; rule out post-concussion syndrome, contusion of face, scalp, and neck, cervical radiculopathy, disc protrusion, anterolisthesis, spondylosis myospasm, chest wall contusion, lumbar degenerative disc disease, spondylosis, desiccation, protrusion and extrusion. Treatments to date include physical therapy and acupuncture. Currently, she complained of visual field disturbances, headaches and difficulty sleeping. There was difficulty with memory and concentration reported. Neck pain was rated 6/10 VAS. Low back pain was rated 6/10 VAS. On 3/17/15, she underwent a neurology agreed medical re-evaluation (AME). This AME was the only medical records submitted for this review. The physical examination documented right hand grip weakness and difficulty with tandem and heel gait maneuvers. The treating diagnoses included headaches with right scalp contusion and trigeminal nerve injury with residual pain, left visual field neglect by VERs, Arnold Chiari type I, ataxia, neck pain due to cervical strain/sprain, and insomnia due to pain and depression. The appeal request was for a one month trial of neurostimulator TENS; and extended rental of neurostimulator TENS unit for twelve months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator, TENS/EMS (Electrical Nerve Stimulation/Electrical Muscle Stimulation), 12 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Neuromuscular electrical stimulation (NMES devices) Page(s): 114-116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition there must be a 30 month trial with objective measurements of improvement. These criteria have not been met and the request is not medically necessary.

Neurostimulator, TENS/EMS (Electrical Nerve Stimulation/Electrical Muscle Stimulation), 1 month home-based trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Neuromuscular electrical stimulation (NMES devices) Page(s): 114-116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide

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