

Case Number:	CM14-0143100		
Date Assigned:	09/10/2014	Date of Injury:	02/27/2014
Decision Date:	10/07/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old male with a date of injury of 02/27/2014. The listed diagnoses per [REDACTED] are: Left traumatic bursitis; Lumbar discogenic disease; L4-L5 spondylolisthesis; Lumbar facet arthrosis. According of progress report 06/13/2014, the patient presents with low back pain. He has been in therapy which helps mildly, and the pain is rated as 8/10. Physical examination of the lumbar spine revealed decreased range of motion and painful range of motion with positive spasms. Motor strength is 4/5 in the quads bilaterally. There is positive straight leg raise on the left and positive Lasgue's sign on the left. Report 03/24/2013 indicates the patient has continued low back pain down the left leg. Range of motion of the lower back was full, and tenderness noted along the right and left lumbar spine. The treating physician is requesting a Prime Dual TENS/EMS unit with supplies. Utilization review denied the request on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy - TENS (transcutaneous electrical ne.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Neuromuscular electrical stimulation (NMES devices) Page(s): 114-.

Decision rationale: This patient presents with low back pain. The treating physician is requesting a TENS/EMS unit with supplies for a 1-month home trial. The treating physician is requesting a Prime Dual neurostimulator TENS/EMS unit. Neuromuscular electrical stimulation (NMES devices) under MTUS page 121 states it is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, NMES is not supported for chronic pain; therefore, recommendation cannot be made for the dual unit. Therefore, the request is not medically necessary.