

Case Number:	CM14-0173510		
Date Assigned:	10/24/2014	Date of Injury:	01/02/2012
Decision Date:	11/25/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 presented with chronic pain following a work related injury on 01/02/2012. The patient was treated with medications, epidural steroid injections, and hot/cold therapy unit. On 08/04/2014, the patient complained of headaches, left shoulder pain and pain in the thoracic and lumbar spine which radiated to the legs. The patient reported that the lumbar epidural steroid injection provided temporary relief but physical therapy was not helpful. The physical exam showed thoracic and lumbar tenderness and reduced range of motion, positive straight leg raising test bilaterally, left shoulder acromioclavicular joint tenderness and positive impingement signs. Lumbar MRI on 08/16/2014 revealed disc protrusions and facet joint hypertrophy at L4-5 and L5-S1. Left shoulder MRI on 08/16/2014, showed partial-thickness supraspinatus tear, subacromial/subdeltoid bursitis and os acromiale. MRI of the thoracic spine on 08/16/2014 shows a T5-6 disc protrusion which abutted the thecal sac. The patient was diagnosed with lumbosacral disc degeneration, lumbosacral neuritis, sciatica, lumbago, backache, joint pain shoulder, shoulder region disorder, lumbar sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS unit and 2 months supplies (electrodes, batteries and lead wires): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Durable Medical Equipment

Decision rationale: TENS/EMS unit and 2 months supplies (electrodes, batteries and lead wires) are not medically necessary. Finally, Page 114 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program; therefore, the request is not medically necessary. Per MTUS, EMS is "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain....The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodological issues." As it relates to this case EMS was recommended as solo therapy for pain associated with thoracic, lumbar spine and shoulder pain. Per MTUS and the previously cited medical literature EMS is not medically necessary unless as solo therapy.