MAXIMUS Federal Services

Case Number:	CM13-0014655		
Date Assigned:	10/02/2013	Date of Injury:	10/21/2008
Decision Date:	02/05/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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 49 year old female who reported an injury on 10/21/2008. The mechanism of injury was a fall. The patient diagnoses included unspecified myalgia and myositis. The most recent clinical note dated 09/19/2013 reported the patient continued to complaints of spasms, and aching radiating pain that goes down her arm. The patient medication regimen included Naproxen 550mg take one tablet twice daily, and Fexmed, of which the dosage and frequency was not provided in the medical record. The patient had received acupuncture and expressed a decrease in pain post the acupuncture treatments. The patient was still employed working 24-30 hours a week at one job and 24 hours a week at another.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual chanel 4 electrodes 4 modes TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS, chronic pain (tra.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Trans-cutaneous electrotherapy Page(s): 114-116.

Decision rationale: California MTUS states TENS is 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. There is no clinical documentation that the patient has participated in the one month trial use of a TENS unit with significant changes in her functional level, and/or decrease in her pain. Due to the lack of clinical documentation of the aforementioned findings, the medical necessity of the TENS unit has not been proven. As such, the request for dual channel 4 electrodes 4 modes TENS unit is non-certified.