MAXIMUS Federal Services

Case Number:	CM13-0024314		
Date Assigned:	11/20/2013	Date of Injury:	06/09/2013
Decision Date:	01/29/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation and Pain Medicine 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 66 year old female who reported an injury on 06/09/2013. The mechanism of injury was the patient was lifting boxes when she felt a sharp pain in her neck pain associated with stiffness, frequent, sharp and radiating into the bilateral upper extremities with intermittent numbness and tingling. The clinical documentation dated 07/03/2013 stated the patient complained of pain to middle back described as frequent and sharp aggravated by rapid movements, bending and lifting. The patient also complained of paint to the lower back radiating to the lower extremities with intermittent numbness and tingling. The patient does have decreased range of motion. The patient was diagnosed with cervical spine strain/sprain, thoracic spine strain/sprain, lumbar spine strain/sprain, rule out cervical and lumbar radiculopathy, insomnia and anxiety/stress. The patient was recommended topical analgesics, MRI, EMG/NCV, physical therapy, acupuncture, ESWT (extracorporeal shockwave therapy), TENS/EMS, a functional capacity test, psychological evaluation, lumbar spine brace, motorized heat/cold therapy, and LINT. The patient has been treated with ESWT x 3 with some improvement and medication

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator/ TENS/EMS unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: CA MTUS states that TENS units are 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. The clinical documentation submitted for review does not meet the guideline recommendations. The clinical documentation submitted for review indicates that the patient complained of pain to the low back with radiating pain, numbness and tingling to the lower extremities. The documentation also states the patient does have some decreased range of motion and was recommended physical therapy along with topical analgesics. However, the guidelines recommend documentation of pain of at least three months duration with evidence that other appropriate pain modalities have been tried and failed. A one-month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, other ongoing pain treatment should also be documented during the trial period including medication usage and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. No clinical documentation was submitted to indicate if the patient is being treated with physical therapy, what the patient's functional deficits are or any objective documentation stating the efficacy of the patient's pain medication. As such, the request is non-certified.