MAXIMUS Federal Services

Case Number:	CM13-0028081		
Date Assigned:	11/22/2013	Date of Injury:	08/18/2010
Decision Date:	02/03/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 Neurology, has a subspecialty Neuromuscular Medicine 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 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:

[redacted] is 49 year old woman who sustained a work related injury on August 8, 2010. According to the note dated November 5, 2012, the patient was reported to have chronic back pain radiating to her right leg. Her physical examination showed pain in the lumbosacral pain and tenderness in the right buttock over the right sciatic notch. Her MRI of the lumbar spine performed on September 19, 2012 showed L4-L5 with moderate to severe foraminal narrowing. She had a motor vehicle accident on January 2, 2013 injuring her neck back and shoulder. The provider requested authorization to use TENS for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS rental x 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality for low back pain, but a trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is

planned for this patient. Therefore, the TENS treatment is not medically necessary. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.