

Case Number:	CM13-0038774		
Date Assigned:	12/18/2013	Date of Injury:	06/02/2005
Decision Date:	02/13/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/01/2013

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 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:

The patient is a 53-year-old female who reported an injury on 06/02/2005. The mechanism of injury was noted to be cumulative trauma. Her diagnoses included cervical, thoracic, and lumbar degenerative disc disease, bilateral shoulder acromioplasty, chronic pain syndrome, fibromyalgia, and upper back and neck muscle spasms. A recommendation has been made for a TENS unit with supplies on a monthly basis, 8 sessions of chiropractic care for her neck, mid, and low back, and a followup visit in 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 3 month supply of Electrode Packs QTY 24: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that a TENS unit is not recommended as a primary treatment, but a 1 month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration. The patient was previously participating in chiropractic care; however, the clinical information failed to show

functional improvement with this treatment. Additionally, the patient is not noted to currently be participating in physical therapy or a home exercise program. Moreover, the patient was not noted to have previously had a 1 month trial with a TENS unit. Therefore, the request for a TENS unit and supplies on a monthly basis is not supported. Therefore, the request is non-certified.

Prospective Power Packs QTY 72: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that a TENS unit is not recommended as a primary treatment, but a 1 month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration. The patient was previously participating in chiropractic care; however, the clinical information failed to show functional improvement with this treatment. Additionally, the patient is not noted to currently be participating in physical therapy or a home exercise program. Moreover, the patient was not noted to have previously had a 1 month trial with a TENS unit. Therefore, the request for a TENS unit and supplies on a monthly basis is not supported. Therefore, the request is non-certified.

Prospective TT & SS Leadwire QTY 1: 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 Transcutaneous Electrotherapy Section Page(s): s 114-116.

Decision rationale: The California MTUS Guidelines state that a TENS unit is not recommended as a primary treatment, but a 1 month home based TENS trial may be considered if used as an adjunct to a program of evidence based functional restoration. The patient was previously participating in chiropractic care; however, the clinical information failed to show functional improvement with this treatment. Additionally, the patient is not noted to currently be participating in physical therapy or a home exercise program. Moreover, the patient was not noted to have previously had a 1 month trial with a TENS unit. Therefore, the request for a TENS unit and supplies on a monthly basis is not supported. Therefore, the request is non-certified.