MAXIMUS Federal Services

Case Number:	CM13-0064549		
Date Assigned:	01/03/2014	Date of Injury:	10/13/2011
Decision Date:	05/21/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & 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 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 injured worker is a 61-year-old female who reported an injury on 10/13/2011. The injured worker's treatment history included conservative therapy, chiropractic care, medications, a home exercise program, and shockwave therapy. The injured worker was evaluated on 10/21/2013. It was documented that the injured worker had ongoing pain complaints. Physical examination of the cervical spine documented limited range of motion with a positive cervical distraction test and a positive cervical compression test. Physical evaluation of the left shoulder revealed limited range of motion secondary to pain. Physical examination of the thoracic spine documented limited range of motion secondary to pain with a positive Kemp's test and tenderness to palpation in the bilateral paraspinal musculature from the T2-3. Physical examination of the lumbar spine documented tenderness to palpation of the lumbar paraspinal musculature and lumbosacral junction with limited range of motion secondary to pain and a positive straight leg raising test bilaterally, and a positive Braggard's test bilaterally. Physical findings of the right ankle documented tenderness to palpation over the lateral malleolus and anterior talofibular ligament with limited range of motion secondary to pain. The injured worker's diagnoses included cervical spine disc herniation, cervical spine disc degeneration, cervical spine radiculopathy, left shoulder sprain/strain, thoracic spine sprain/strain, lumbar spine disc herniation, lumbar spine degenerative disc disease, lumbar spine radiculopathy, status post right ankle open reduction and internal fixation, anxiety disorder, mood disorder, and stress disorder. The injured worker's treatment recommendations included continuation of medications, continuation of shockwave therapy, a psychology consultation, electrodiagnostic studies of the lower extremities, and MRI of the lumbar, thoracic, and cervical spine. A request was made for a neurostimulator TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENDED RENTAL OF NEUROSTIMULATOR TENS UNIT (6 MONTHS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The MTUS Chronic Pain Guidelines recommends the extended use of a TENS unit be based on documentation of a 30-day clinical trial that produces functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a trial of a TENS unit. Therefore, the need for an extended rental is not supported. As such, the requested extended rental of a neurostimulator TENS unit for 6 months is not medically necessary or appropriate.

ONE (1) MONTH BASED TRIAL OF NEUROSTIMULATOR TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The MTUS Chronic Pain Guidelines recommends the use of a TENS unit as an adjunct treatment to an active functional restoration program. The clinical documentation submitted for review does not provide any evidence that the injured worker participates in daily active therapy that would benefit from a TENS unit. As such, the requested 1-month based trial of a neurostimulator TENS unit is not medically necessary or appropriate.