MAXIMUS Federal Services

Case Number:	CM14-0116575		
Date Assigned:	08/04/2014	Date of Injury:	02/27/2009
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45 year-old male with a 2/27/2009 date of injury. According to the 6/19/14 family practice report from [redacted], the patient complains of epigastric abdominal pain, and worsening orthopedic complaints. He has improved acid reflux, but has neck pain with headaches, low back pain that radiates down both legs, and rarely chest pain at night with shortness of breath. The diagnoses include abdominal pain; acid reflux secondary to NSAIDs; reflux esophagitis; blurred vision referred to ophthalmologist; cephalgia, likely cervicogenic; urological diagnosis refer to urologist; dental diagnosis refer to dentist; orthopedic diagnosis refer to orthopedist; psychiatric diagnosis refer to psychologist; chest pain defer to private physician; obstructive sleep apnea. The plan included TENS unit and 6-months of supplies (4-refills). The TENS unit was denied by UR on 7/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation Unit Supplies with four (4) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: The patient is a 45 year-old male with a 2/27/2009 date of injury. Mechanism of onset is cumulative trauma. According to the 6/19/14 family practice report from [redacted] the patient complains of epigastric abdominal pain, and worsening orthopedic complaints. The IMR request is for a TENS unit supplies with four refills. The MTUS states TENS can be used for neuropathic pain; phantom limb, CRPS II; spasticity; and multiple scleroses. MTUS criteria require a 1-month trial of TENS. The available reporting does not discuss any of the conditions that TENS is indicated for; and there is no discussion of the 1-month trial of TENS or efficacy. The request is not in accordance with MTUS guidelines. Therefore, this request is not medically necessary.