MAXIMUS Federal Services

Case Number:	CM14-0125743		
Date Assigned:	08/27/2014	Date of Injury:	09/29/1997
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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 and is licensed to practice in Louisiana. 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 76 year old female who was injured on 09/29/1997. The mechanism of injury is unknown. Prior medication history included Baclofen, Celebrex, Naprelan, and Prilosec. Prior treatment history has included physical therapy and TENS. Progress report dated 05/07/2014 documented the patient to have complaints of muscle pain but states Baclofen helps with the pain. She reported exacerbation of right shoulder arm pain and back pain. Objective findings on exam revealed tenderness to palpation over the paraspinal muscles on the right. There is spinal tenderness over L3-5 musculature, right greater than left. Straight leg raise is negative. She is diagnosed with lumbago, myofascial pain syndrome and myalgia and myositis. An Ortho physical therapy note dated 05/29/2014 states the patient presented fluctuating pain along the lumbar spine region with pain radiating into the buttocks at times. On exam, lumbar spine range of motion revealed flexion at 50% with use of hands on thighs to return to neutral; full with end-range pain; right lateral flexion to75%; and left lateral flexion to75%. She is recommended for home exercise program for range of motion and strengthening and a TENS unit as it has been beneficial in the past. Prior utilization review dated 07/14/2014 states the request for GSM HD combo TENS unit with HAN, 8 pairs of electrodes per month and 6 units of batteries per month is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD combo TENS unit with HAN, 8 pairs of electrodes per month and 6 units of batteries per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, TENS unit is an acceptable modality for home use over a one month trial period if it is used in conjunction with other evidence-based functional restoration modalities. A treatment plan including specific short and long-term goals of treatment with the TENS unit should be submitted. In this case, there is a lack of supporting documentation of trials and goals to indicate the necessity for this kind of treatment therefore, this is not medically necessary at this time.