MAXIMUS Federal Services

Case Number:	CM14-0131499		
Date Assigned:	08/20/2014	Date of Injury:	02/11/2014
Decision Date:	10/01/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 44-year-old female who reported an injury on 02/11/2014. She and a coworker were moving a television. The co-worker lost balance and left all the weight on her so she tried to pull it on the floor, and she sustained injuries to her back. The injured worker's history included MRI studies, physical therapy, TENS unit, and medications. The injured worker was evaluated on 07/10/2014. However, the documentation submitted was illegible. The diagnoses included herniation of nucleus pulposus NOS, lumbar spine sprain/strain, and shoulder sprain. In the documentation submitted, the injured worker had rental of the multistim unit. However, outcome measurements were not submitted for this review. The Request for Authorization dated 06/02/2014 was for multistim unit plus supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim Unit-Plus Supplies: 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 Criteria for the use of TENS Page(s): 114-116.

Decision rationale: The requested is not medically necessary. Chronic Pain Medical Treatment Guidelines does not recommend a tens unit as a primary treatment modality, but a one-month home-based Tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the tens unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. The injured worker had previous physical therapy sessions and rented the Mutli Stim Unit for 5 months however, the outcome measurements were not provided. The provider failed to indicate long-term functional restoration goals for the injured worker. In addition, the request failed to indicate frequency and location where the Multi Stim Unit -Plus should be used on the injured worker. Given the above, the request for Multi Stim Unit plus Supplies is not medically necessary.