

Case Number:	CM14-0139581		
Date Assigned:	09/05/2014	Date of Injury:	04/30/2013
Decision Date:	10/09/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	08/28/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 54-year-old female who reported an injury on 04/30/2013 after a fall at work. The injured worker complained of lower back pain, bilateral hip pain, lower leg pain, and numbness with paresthesias. The injured worker had diagnoses of status post fall with lumbar strain, cervical spine fusion, vertigo, rheumatoid arthritis, and fibromyalgia. The MRI of the lumbar spine revealed slight degenerative changes at the L2-3 level and questionable longitudinal linear area of signal alteration of the clonus medullaris. The past treatments have included physical therapy and medication. Past surgical procedures included a cervical fusion. The physical examination dated 02/11/2014 revealed on generalized tenderness to different muscle groups; arthritic pain to the knuckles; straight leg raising was negative; no focal weakness to the upper or lower extremities except cannot exert full force of hand grip testing (left greater than right); lack of motion to the interphalangeal joints; deep tendon reflexes were 3+ to the upper and lower extremities; plantar response was down going bilaterally; no focal sensory deficit; and diffuse tenderness to the cervical, thoracic, and lumbar paraspinal regions. The treatment plan included a TENS unit with supplies. The Request for Authorization dated 09/05/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of Neurostimulator TENS/EMS including supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-11.

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

Decision rationale: The request for 1 month home based trial of neurotransmitter TENS/EMS including supplies is not medically necessary. The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical notes did not indicate that the injured worker had a 1 month trial of the TENS unit in conjunction with an evidence based functional program. The clinical notes did not indicate what pain medication (if any) that the injured worker was taking; unable to review. As such, the request is not medically necessary.