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| Case Number: | CM14-0157514 | | |
| Date Assigned: | 09/30/2014 | Date of Injury: | 05/23/2011 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59-year-old man who sustained a work-related injury on May 23rd 2011. Subsequently, he developed with left shoulder pain. According to a progress report dated on August 11, 2014, the patient was complaining of left shoulder pain with numbness and tingling. The patient reported that the TENS unit treatment was helpful in reducing his pain from 10/10 to 4-5/10. His physical examination demonstrated the tenderness to palpation over the anterior aspect of the foramen joints with reduced range of motion. The provider requested authorization to continue TENS unit treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for TENS patches #2 (DOS 8/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy) Page(s): 114, 16,105,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is

planned for this patient. Furthermore, there is no clear information about any functional improvement with previous use of TENS in addition to the documented pain improvement. There is no recent documentation of recent flare of his pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the request of TENS patches #2 (DOS 8/11/14) is not medically necessary.