MAXIMUS Federal Services

Case Number:	CM14-0171895		
Date Assigned:	10/23/2014	Date of Injury:	06/12/2014
Decision Date:	11/21/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/16/2014

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 Medicine and is licensed to practice in Utah. 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 48 year-old female. The patient's date of injury is 8/12/2014. The mechanism of injury is described as lifting a heavy box when she felt a pulling sensation in the back. The patient has been diagnosed with cervical sprain/strain, headaches, low back pain and lumbar strain/sprain. The patient's treatments have included chiropractors, imaging studies, and medications. The physical exam findings dated August 20, 2014 shows her neck exam with tenderness over the paraspinal muscles and the suboccipitals. The cervical compression test and Spurling's test is negative. The lumbar exam showed tenderness to palpation over the lumbar paravertebral muscles, with muscle spasm in the quadratus lumborum muscles. The deep tendon reflexes are reported as 2/2. The patient's medications have included, but are not limited to, Simvastatin, Fenofibrate, Naproxen and Prilosec. The request is for a TENS-EMS unit for one month.

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 (with 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 TENS Unit Page(s): 113-115.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. According to the clinical documentation provided and current MTUS guidelines; the patient does not meet the above criteria at this time. A TENS unit is not indicated as a medical necessity to the patient at this time.