MAXIMUS Federal Services

Case Number:	CM14-0022654		
Date Assigned:	06/11/2014	Date of Injury:	04/23/2013
Decision Date:	07/15/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Minnesota. 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 51 year old female who reported an injury on 04/23/2013 due to unknown mechanism. The injured worker was examined on 01/02/2014 and complained of burning, and constant neck pain, lower back pain and muscle spasms with radiating pain to the bilateral upper and lower extremities, pain was rated 8/10. On physical examination dated 01/02/2014 there was tenderness to palpation at the lateral aspects of the occiput, with trigger points that caused headaches, and tenderness at the cervical paraspinal muscle as well as the splenius, and sternocleidomastoid muscle. The injured worker had diagnoses of, cervical radiculopathy, cervical degenerative disc disease, cervical spondylosis, and lumbar radiculopathy. The injured worker medications include Dicopanol, Fantax, Synapryn, Tabradol and Cyclophene. The treatment plan was for the purchase and/or rental of a TENS unit. The injured worker's history of pain 12/17/2013 lower back pain 6/10, 01/22/2014 lower back pain 6/10 and 03/13/2014 lower back pain10/10. The authorization request form dated 08/02/2013 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE/RENTAL TENS UNIT: 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 Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

Decision rationale: The request for purchase/rental TENS unit is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines states there should be a documented treatment plan including the specific short-and long term goals of the treatment with the TENS unit as well as documentation of pain of at least three months should be submitted as well. The guidelines also recommend a 1 month trial prior to purchase. Although the injured worker had 3 months of documented pain, there is no supporting documentation short term or long term goals for treatment with the use of the TENS unit. In addition, the request for purchase would exceed guideline recommendations for a 1 month trial. As such the request for the purchase/rental TENS unit is not medically necessary.