

Case Number:	CM14-0032558		
Date Assigned:	04/09/2014	Date of Injury:	10/03/1990
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 74-year-old male who reported an injury on 10/03/1990. The mechanism of injury was not stated. The patient is currently diagnosed with spinal stenosis. The injured worker was evaluated on 01/07/2014. The injured worker reported ongoing neck pain with radiation to bilateral upper extremities as well as low back pain with radiation to bilateral lower extremities. Physical examination revealed palpable muscle spasm in the cervical and lumbar spine, positive straight leg raising bilaterally, and decreased shoulder motion. The treatment recommendations at that time included additional TENS pads and supplies for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS PADS & 3 MONTH SUPPLIES, VEST PADS DOUBLE SIDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. There should be evidence that other

appropriate pain modalities have been tried and failed. A form-fitting TENS device is only considered medical necessary when there is documentation of a large area that a conventional system cannot accommodate. The injured worker does not appear to meet criteria for the requested service. There is no documentation of how often the unit has been used as well as outcomes in terms of pain relief and function that would warrant the need for ongoing treatment. Additionally, there is no evidence of a large area that requires a form-fitting TENS device as opposed to a conventional system. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.