

Case Number:	CM14-0035681		
Date Assigned:	06/23/2014	Date of Injury:	08/29/2008
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological and is licensed to practice in California. 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 44 year old female injured on 8/29/2008. The mechanism of injury was not listed in the records reviewed. There was no progress note provided for review from the treating physician. The claims evaluation, dated 2/25/2014, indicated that there were ongoing complaints of head, shoulder, elbow, wrist, net, upper back, hip, foot, buttocks, and rib pains. There was a no physical examination referenced in the claims evaluation dated 2/25/2014. Diagnostic imaging included MRI of the right and left wrist from 5/16/2004, which revealed dorsal intercalated segment instability. MRI C-spine performed on the same date revealed early disc dissection as well as diffuse disc revision and straightening of the cervical spine. MRI of the lumbar spine, performed on the same date, revealed straightening of the lumbar spine and diffuse disc protrusion noted. Previous treatment included a reference of a one month trial of a transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for neurostimulator TENS-EMS X 1 month home-based trial and was not certified in the pre-authorization process on 2/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS-EMS X 1 month home-based trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electric Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116 of 127..

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) unit is indicated in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions, and for acute postoperative pain in the first 30 days following surgery. Based on the evidence-based trials, there was no support for the use of a TENS unit as a primary treatment modality. The medical record available for review provided no documentation of an ongoing program of evidence-based functional restoration, or clinical objective improvement in pain. In the absence of such documentation, this request does not meet guideline criteria for a TENS trial. As such, this request is not medically necessary.