MAXIMUS Federal Services

Case Number:	CM14-0060154		
Date Assigned:	07/11/2014	Date of Injury:	01/27/2009
Decision Date:	09/15/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 58 year old female who sustained a work related injury on 01/27/2009 when a shelf fell and struck the right side of her head and shoulder. Diagnoses are listed as cervical disc displacement without myelopathy, status post right shoulder arthroscopy, bursectomy, coracoacromial ligament release and distal clavicle resection on 06/08/10. Doctor's first report dated 04/01/14 indicates that the injured worker complains of neck pain, back pain and right upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS FOUR LEAD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 98-99 and 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for TENS four lead is not recommended as medically necessary. The submitted records fail to establish that the injured worker has undergone a successful trial of TENS to establish efficacy of treatment as required by CA MTUS guidelines. There are no specific, time-limited treatment goals

documented, as required by CAMTUS guidelines. Additionally, CAMTUS guidelines state that a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. There is no clear rationale provided to support a 4 lead unit.