

Case Number:	CM14-0064583		
Date Assigned:	07/11/2014	Date of Injury:	04/02/2012
Decision Date:	09/09/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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 Arizona. 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 30 year old female with a date of injury 04/02/2012. Diagnoses include cervical and thoracic sprain, and lumbago. Subjective complaints are of headaches, neck pain, mid back and lower back pain. Physical exam shows tender cervical muscles, decreased range of motion and decreased sensation over C5-T1. Lumbar exam showed decreased range of motion, tender paraspinal muscles, and positive sitting straight leg raise and Kemp's test. Sensation was intact. Medications include Dicopanol, Deprizine, Fanatrex, Synapryn, and Tabradol. Prior treatments include physical therapy, acupuncture, and shockwave therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Month Supplies (Electrodes, Batteries, Lead Wires): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-122.

Decision rationale: CA MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, if used as an adjunct to a program of evidence-based functional restoration, and a one month trial of TENS use with

appropriate documentation of pain relief and function. For this patient, active therapy in conjunction with TENS has not been noted. Furthermore, a one month trial of documented outcomes is not present in the submitted documentation. Therefore, the medical necessity of a TENS unit and associated supplies is not established.

Transcutaneous Electrical Nerve Stimulation (TENS)/Electrical Muscle Stimulation (EMS)
Unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, PAGES 114-122 Page(s): 114-122.

Decision rationale: CA MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, if used as an adjunct to a program of evidence-based functional restoration, and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient, active therapy in conjunction with TENS has not been noted. Furthermore, a one month trial of documented outcomes is not present in the submitted documentation. Therefore, the medical necessity of a TENS unit is not established at this time.