

<b>Case Number:</b>	CM14-0107122		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old male who reported an injury on 04/24/2013. The mechanism of injury was pulling. His diagnosis was noted as thoracic sprain/strain. His past treatments were noted to include NSAIDs, muscle relaxers, physical therapy, chiropractic care, and work modification. The MRI of the thoracic spine showed degenerative changes at T4-5, performed on 08/31/2013. During the assessment on 06/10/2014, the injured worker complained of thoracic spine pain. The physical examination revealed thoracic degenerative disc disease. The treatment plan was to continue with over the counter Tylenol, request authorization for TENS unit, and for pain management rehabilitation. The rationale for the request was not provided. The Request for Authorization form was dated 06/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The request for TENS unit is not medically necessary. The California MTUS Guidelines do not recommend the use of a TENS unit as a primary treatment modality; however, a 1 month based trial may be considered as a noninvasive conservative option. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted prior to use. After a successful 1 month trial, continued TENS treatment may be recommended if there is documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The clinical documentation did not indicate the length of time the injured worker was to use the TENS unit, or how often it would be used. Due to the lack of information regarding the specific short and long term goals of treatment, the request is not medically necessary.

**Consultation with Physical Medicine and Rehabilitation (PM&R) physician:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7, PAGE 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

**Decision rationale:** The request for PM&R consult/eval is not medically necessary. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to offices of medical doctors play a critical role in the proper diagnosis and return to function of a patient, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In most cases, the request for evaluation and management outpatient visits would be considered medically necessary; however, the rationale for the PM&R consult/eval was not provided with the request. As such, the request is not medically necessary.