MAXIMUS Federal Services

Case Number:	CM14-0190156		
Date Assigned:	11/21/2014	Date of Injury:	01/14/2014
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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:

This is a 55-year-old female with a 1/14/14 date of injury. The patient was seen on 9/24/14 with complaints of neck pain and stiffness. The progress report was handwritten and somewhat illegible. Exam findings revealed decreased range of motion of the cervical spine, positive seated SLR test and decreased range of motion of the lumbar spine. The diagnosis is lumbar radiculitis, cervical/thoracic/lumbar sprain/strain, right shoulder bicipital tendinitis and right wrist pain. Treatment to date: work restrictions, chiropractic treatments, PT, acupuncture and medications. An adverse determination was received on 11/04/14 given that the recent progress report did not provide evidence of neuropathy or radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS Unit x 1 month trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS

trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, there is a lack of documentation from the requesting physician regarding this patient's treatment history over the last 10 months including the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. In addition, there is no rationale with clearly specified goals for the patient from treatment with a TENS unit. Lastly, there is insufficient documentation to establish medical necessity for the requested TENS unit. Therefore, the request for TENS/EMS Unit x 1-month trial was not medically necessary.