MAXIMUS Federal Services

Case Number:	CM14-0204679		
Date Assigned:	12/17/2014	Date of Injury:	03/22/2012
Decision Date:	02/05/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 37-year-old woman who sustained a work-related injury on March 22, 2012. Subsequently, she developed chronic low back and neck pain. Prior treatments included: medications, physical therapy, aqua therapy, and lumbar blocks. According to a progress report dated December 8, 2014, the patient complained of ongoing left neck pain and diffuse low back pain. She reported her pain level ranged between 4-9/10. Physical examination revealed loss of lumbar lordosis with straightening of the lumbar spine. Range of motion was restricted with extension limited to 15 degrees due to pain. Lumbar facet loading was positive on both sides at L4-5 and L5-S1. Straight leg raising test was negative. Heel and toe stand was intact but guarded. The patient was diagnosed with closed head injury with continued memory impairment cognition, cervical strain with cervical occipital headaches, upper back strain, and right upper extremity radiculopathy. The provider requested authorization for Continuing Transcutaneous Electrical Nerve Stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Transcutaneous Electrical Nerve Stimulation (TENS): Upheld

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

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

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no documentation of neuropathic pain. Therefore, the prescription of TENS (transcutaneous electrical nerve stimulation) is not medically necessary.