

Case Number:	CM15-0008490		
Date Assigned:	01/23/2015	Date of Injury:	07/24/2011
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35-year-old female who reported an injury on 07/24/2011 due to an unspecified mechanism of injury. On 01/07/2015, she presented for an evaluation regarding her work related injury. It was noted that she had undergone ultrasound treatment on the date of the visit. She reported mid to low back pain and cervical pain rated at 7/10 in intensity. Her medications were noted to include omeprazole and unspecified NSAIDs. A physical examination showed tenderness to palpation and decreased lumbar range of motion with flexion up to the knees. There was pain elicited when walking on the toes and heels and there was positive tenderness to palpation to the cervical, thoracic, and lumbar spine, as well as paraspinous muscle spasm. She was diagnosed with cervical sprain/strain of the neck, thoracic sprain/strain, lumbar sprain/strain, and myofascial pain. It was noted that she was using a TENS unit, as well as performing a home exercise program. The treatment plan was for TENS electrodes x2. The rationale for treatment was to allow the injured worker to keep using her TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS ELECTRODES X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

Decision rationale: The California MTUS Guidelines state there should be documentation of how often the unit is being used, as well as outcomes in terms of pain relief and function. There should also be documentation that the injured worker is going through adjunct treatment modalities with a functional restoration approach. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation to support the request for TENS unit electrodes. There was no documentation provided regarding how often the unit was used, as well as her response to the TENS unit in terms of pain relief and an improvement in function. Also, there were no statements that the TENS unit was not working or that the electrodes were not working and therefore, the request would not be supported. As such, the request is not medically necessary.