MAXIMUS Federal Services

Case Number:	CM15-0025959		
Date Assigned:	02/18/2015	Date of Injury:	01/09/2013
Decision Date:	04/07/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/11/2015

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 67-year-old female who reported an injury on 01/09/2013. The mechanism of injury was not stated. The current diagnoses include headache, cervical disc protrusion, cervical radiculopathy, thoracic sprain, lumbar disc protrusion, and lumbar radiculopathy. The injured worker presented on 10/09/2014 for a follow-up evaluation with complaints of 7/10 neck and mid back pain as well as 8/10 low back pain radiating into the bilateral lower extremities. Upon examination of the cervical spine, there was 30 degrees flexion, 35 degrees extension, 60 degrees rotation, and 25 degrees lateral flexion. There was tenderness along the trapezius muscles bilaterally with spasm. Examination of the lumbar spine revealed 20 degrees flexion, 5 degrees extension, and 10 degrees lateral flexion. Straight leg raise was positive on the right. Femoral stretch test was also positive on the right. There was tenderness along the lumbar spine and paravertebral muscles on the right with spasm. Recommendations included a qualitative drug screen and continuation of naproxen 550 mg, Terocin patch, and tramadol 150 mg. The provider also recommended the injured worker be provided with a TENS unit and supplies for a 6 month trial. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, supplies, rental for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, there was no indication that other appropriate pain modalities had been tried and failed, including medication. It was noted that the injured worker was issued a prescription for a 1 month home based trial of a TENS unit in 03/2014. It is unclear whether the injured worker has previously utilized a TENS unit. In the absence of documentation of objective functional improvement, additional therapy would not be supported. The current request for a 6 month rental exceeds guideline recommendations as well. Given the above, the request is not medically appropriate at this time.