MAXIMUS Federal Services

Case Number:	CM14-0160746		
Date Assigned:	10/06/2014	Date of Injury:	03/19/2014
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 70-year-old female patient who sustained an industrial injury on 03/19/14. Diagnoses include left shoulder sprain/strain, fracture of pelvic, and bilateral hip strain/sprain. It was noted the patient was in a motor vehicle accident in January 2014 on her way to work and has a personal injury claim pending as a result of this. She injured her neck and low back and received care and treatment up until the date she was injured at work in March 2014. Prior to that she had to limit her activities and can no longer bend, stoop, or lift the child. The patient reported this affected her job but she was not allowed to work with modifications even though she could not really bend or lift the child any longer. On the date of the injury, she tripped over a bike and landed on her back. Previous treatment has included physical therapy, medications, injections, activity modification and work restrictions. A general pain index questionnaire (patient self-report) dated 08/13/14 with the patient reported no deficits with family/home responsibilities, recreations, social activities, self-care, or life-support activities such as eating and sleeping. She reported employment including volunteer work and homemaking tasks as 1/10 (on a scale of 0-10 with 0 completely able to function and 10 totally unable to function). Most recent progress note dated 09/17/14 is handwritten and limited in legibility. Patient reported very good improvement in pelvis pain and left shoulder with physical therapy and acupuncture. Pain is rated as 0-2/10. Detailed physical examination was performed. It was noted that the patient is not taking medications. A request for a one-month home-based trial of neurostimulator TENS-EMG was non-certified utilization review on 09/15/14 due to lack of documented findings confirming neuropathic pain, as well as lack of failure with previous conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home-based trial of Neurostimulator (transcutaneous electrical nerve stimulation) TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) unit-EMS.

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

Decision rationale: The CA MTUS indicates that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for chronic intractable pain when other appropriate pain modalities have been tried and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, there is no documentation of the patient having chronic intractable pain. Most recent progress note indicates the patient reporting a pain level of 0-2/10. According to the patient's self-report, there are almost no functional deficits remaining. There is no indication the patient has failed other conservative treatments. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted according to guidelines and this is not included with the records provided. There is no objective evidence in this case to suggest the patient would require a one-month home-based trial of neurostimulator (transcutaneous electrical nerve stimulation) TENS-EMS. Medical necessity is not established and the request is non-certified.