

Case Number:	CM14-0215463		
Date Assigned:	01/02/2015	Date of Injury:	02/28/2008
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female with date of injury 02/28/08. The treating physician report dated 12/08/14 (102) indicates that the patient presents with pain affecting her cervical and lumbar spine. The physical examination findings reveal decreased range of motion in the cervical and lumbar spine with tenderness to palpation. The patient rates their pain as an 8/10 for the cervical spine and a 6/10 for the lumbar spine. Prior treatment history includes ultrasound, TENS unit, LESI, physical therapy, and psychiatric evaluation. MRI findings reveal C4-5 has a 2mm posterior disc osteophyte complex, C6-7 has a 1-2mm central disc protrusion, L4-5 has a 3mm annular disc bulge, and L3-4 has a 2-3mm annular disc bulge. Current medications are Tramadol, Venlafaxine, Effexor, and Omeprazole. The current diagnoses are: 1. Cervical Radiculitis 2. Lumbosacral or Thoracic Neuritis 3. Myofascial Pain The utilization review report dated 12/12/14 denied the request for TENS electrodes x2 purchase (DOS: 12/08/14) based on guidelines not being met (115).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS electrodes x2 purchase (DOS: 12/08/14).: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-116.

Decision rationale: The patient presents with pain affecting her cervical and lumbar spine. The current request is for TENS electrodes x2 purchase (DOS: 12/08/14). The treating physician states, continue conservative care- meds, tens Rx refilled tens patches (102). The MTUS guidelines do recommend home usage of TENS units when specific criteria are met. The ongoing recommendation of these units requires continued documentation of functional improvement to justify continued usage. Ongoing authorization for supplies for these types of machines requires documentation of the effects of the home units. In this case, the treating physician did not provide the information on how long it was used, how often it was used, functional effects of usage or any improvement with usage. Without proper documentation this request is not supported by MTUS. The current request is not medically necessary and the recommendation is for denial.