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| Case Number: | CM15-0010538 | | |
| Date Assigned: | 01/28/2015 | Date of Injury: | 08/22/2014 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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

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 injured worker (IW) is a 35 year old male, who sustained an industrial injury on August 22, 2014. He has reported pain in the left shoulder and low back and was diagnosed with contusion of the left elbow, lumbosacral sprain and back contusion. Treatment to date has included radiographic imaging, diagnostic studies, heat and cold therapy, conservative treatment modalities and pain medications. Currently, the IW complains of left shoulder and low back pain. The injured worker reported an industrial injury in 2014, resulting in left shoulder and low back pain. He was treated with heating pads and pain medications. On August 29, 2014, evaluation revealed continued pain and normal x-ray studies. On September 5, 2014, it was noted she was improving slower than expected however she was expected to return to full duty work on September 15, 2014. On September 12, 2014, evaluation revealed no significant improvement but she was released from care and could return to normal work. On December 19, 2014, evaluation revealed continued pain. A TENS unit was tried and was noted to provide some relief in the physician's office. On January 6, 2015 Utilization Review non-certified a request for 2 packs of TENS patches, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of requested 2 packs of TENS patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is utilized, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS patches x 2 is not medically necessary and appropriate.