MAXIMUS Federal Services

Case Number:	CM15-0012224		
Date Assigned:	01/29/2015	Date of Injury:	08/21/2014
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 77 year old female, who sustained an industrial injury on August 21, 2014. The diagnoses have included thoracic strain, lumbar strain and ligament and muscle strain and spasm. Treatment to date has included medication. Currently, the injured worker complains of sharp and dull aching pain in the thoracic and lumbar spine reports it is better. In a progress note dated December 9, 2014, the treating provider reports tenderness to palpation over the trapezius and rhomboids. On December 31, 2014 Utilization Review non-certified a TENS Unite evaluation and instruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS evaluation and instruction: 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 Page(s): 114.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. Although the progress report dated December 9, 2014 revealed that the patient complained of continued sharp and dull aching pain into the thoracic and lumbar spine, despite conservative treatment including medication management and physical therapy; there is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of her pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS evaluation and instruction is not medically necessary.