MAXIMUS Federal Services

Case Number:	CM15-0129002		
Date Assigned:	07/15/2015	Date of Injury:	09/19/2011
Decision Date:	08/12/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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, Alabama, 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:

This 49 year old male sustained an industrial injury on 9/19/11. He subsequently reported back pain. Diagnoses include acquired scoliosis and chronic pain syndrome. Treatments to date include x-ray and CT testing, TENS therapy, physical therapy, injections and prescription pain medications. The injured worker continues to experience mid back pain with occasional radiation to the bilateral lower legs. Upon examination, there was tenderness to palpation of the thoracic spine and bilateral paraspinal muscles, there is grossly limited motion with rotation. A request for TENS Unit for home use (cervical, thoracic, lumbar spine) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for home use (cervical, thoracic, lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

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. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit for home use is not medically necessary.