

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in Pennsylvania. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 06/01/2006. The primary treating diagnosis is 729.1 or myalgia/myositis. The patient has reported moderate to severe back pain radiating to the left ankle and the left calf, as well as her left thigh and hips, across the buttocks. The patient has reported the TENS use relieves knots in her low back and makes it easier to move around and that she takes less anti-inflammatory medication.

An initial physician review has concluded that a 1-month trial of TENS should be documented, as the medical records do not support such documentation.

IMR DECISION(S) AND RATIONALE(S)

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

1. Purchase of Tens unit is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Chronic Pain, page 116, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section Tens, page 114, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines section on TENS, page 114, states "*Not recommended as a primary treating modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to evidence-based functional restoration.*" The results of a TENS trial and details of the patient's overall functional

restoration program are not apparent in the medical records at this time. Therefore, based on the guidelines and medical records, this request is not medically necessary.

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