

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This patient was born 05/04/1959. Her underlying date of injury is 06/28/2007, with the mechanism of injury that she was struck by a metal gate. The initial utilization review denial notes that the patient has ongoing low back pain and that a one-month TENS trial was authorized, but the result of that was not reported, and therefore there was insufficient information to determine the medical necessity of the purchase of a TENS unit. Treatment notes report the diagnoses of a lumbar disc disorder with spondylosis and spondylolisthesis and with past treatment including epidural injections for radicular pain from an L5-S1 herniation compressing the right L5 nerve root. These medical records also discuss the diagnoses of cervical disc displacement and cervical radiculitis due to a right paracentral disc protrusion at C6-C7 with neuropathic type radicular pain in the neck and upper extremity. For that reason the patient has been treated with cervical epidural injections as well.

IMR DECISION(S) AND RATIONALE(S)

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

1. TENS unit is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

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

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines state regarding TENS, "Not recommended as a primary treatment modality, but one-month home-based TENS trial may be considered as noninvasive conservative option, if used as an adjunct to a program of evidence-based functional

restoration” for various forms of neuropathic pain. This patient does have multiple neuropathic pain diagnoses for which reason an initial TENS trial was indicated. However, the medical records do not clearly discuss the results of the prior TENS trial, nor do the medical records clarify the role of such TENS usage as part of an overall evidence-based functional restoration program. Therefore, the guidelines have not been met to support a benefit of the prior TENS trial as per the guidelines. Therefore, the current request for TENS purchase is not supported as medically necessary based on the guidelines and medical records.

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CM13-0009970