

Case Number:	CM13-0013060		
Date Assigned:	01/03/2014	Date of Injury:	07/05/2013
Decision Date:	04/03/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/19/2013

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 Occupational Medicine, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 5, 2013. Thus far, the applicant has been treated with the following: Unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; analgesic medications; muscle relaxants; and reported return to regular work. In a Utilization Review Report of August 12, 2013, the claims administrator approved request for manipulative therapy, myofascial release, and an outpatient visit while denying a TENS unit. The applicant subsequently appealed. An earlier progress note of August 2, 2013 is sparse, notable for comments that the applicant is improving. The applicant reports 3/10 pain. Well-preserved lower extremity strength and a normal gait are noted. The applicant is returned to regular work and given prescriptions for Relafen and Flexeril. Purchase of a TENS unit is apparently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 300, 308.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, physical modalities such as TENS unit have "no proven efficacy" in treating acute low back symptoms. In this case, the applicant has seemingly responded favorably to multiple other treatments, including time, medications, physical therapy, manipulation, etc. The applicant had been returned to regular work. The applicant had responded favorably to other treatments, effectively obviating the need for a TENS unit. No rationale for usage of the device was offered so as to try and offset the unfavorable ACOEM recommendation. While ACOEM does note, on page 300, that TENS units can be employed in conjunction with a program of functional restoration on a short-term basis, the overall ACOEM recommendation in Chapter 12, Table 12-8, page 308 is "not recommended." It is further noted that the attending provider did not clearly state how the TENS unit device was to be used. It appears that the attending provider sought to purchase the device for the applicant as opposed to using it on a short-term basis, as is tepidly supported by ACOEM. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.