

Case Number:	CM13-0015191		
Date Assigned:	12/04/2013	Date of Injury:	09/04/2011
Decision Date:	08/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/27/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 54-year-old male who reported an injury on 09/04/2011. The mechanism of injury was not provided within the documentation. Prior treatments were noted to be medications, trigger point injections, and transcutaneous electrical nerve stimulation unit. The injured worker's diagnoses were noted to be myofascial sprain and strain of lumbosacral spine, degenerative disc disease of lumbosacral spine, and lumbar spondylosis. The injured worker presented for a clinical evaluation on 03/13/2014. The injured worker had complaints of lower back pain. Pain was rated a 6-7 on a 0 to 10 scale. Physical examination of the lumbosacral spine indicated tenderness to palpation, muscle stiffness, and spasm, range of motion was painful on flexion, extension, and lateral rotation was restricted. Straight leg raise was negative. The treatment plan was for Neurontin and Zipsor, refills provided and a follow-up appointment. The provider's rationale for the request was not provided in the documentation and request for authorization for medical treatment was also not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend transcutaneous electrical nerve stimulation as a primary modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The most recent clinical evaluation presented for review did not indicate an evidence based functional restoration program as an adjunct for a TENS program. The injured worker did not have an adequate pain assessment. The TENS unit was noted in prior treatment and there was no efficacy reported within the documentation submitted for review. Therefore, the request for TENS unit purchase is not medically necessary.