

Case Number:	CM13-0020981		
Date Assigned:	12/27/2013	Date of Injury:	10/17/2012
Decision Date:	04/18/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/06/2013

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 Internal Medicine, Pulmonary Diseases 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 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 patient is a 35 year old female that reported an injury on 10/17/2012, the mechanism of injury was a fall at work. The patient surgical history includes a Left L5-S1 micro-discectomy on 05/31/2013 and gastric bypass. The medications were not provided on the clinical record for review. The clinical note dated 08/15/2013 noted that the patient had complaints of numbness in her foot continues but her sciatica was gone, she reported improvement with the pain in therapy with the use of the electrical stimulation at physical therapy. The clinical note stated that the patient walks with a limp and that the straight leg raise is negative at 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT WITH HAN PROGRAMS, ELECTRODES 8 PAIRS PER MONTH
BATTERIES 6 PER MONTH:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, 114

Decision rationale: The CA MTUS states the tens unit should be a one-month based trial considered as a noninvasive conservative option if used with a program of evidence-based functional restoration. The trails do not answer questions about long-term use effectiveness nor do they provide information on the parameters that are most likely to provide optimum pain relief. The documentation provided for review does not state that the request or does the request state that the TENS unit would be for a one month trail to see the effectiveness. In addition, there is no duration for the request. Therefore, the request is non-certified.