

Case Number:	CM13-0023098		
Date Assigned:	12/20/2013	Date of Injury:	06/26/2012
Decision Date:	02/26/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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 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 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 patient is a 56-year-old female who reported an injury on 06/26/2012. The mechanism of injury was stated to be the patient was told to sit cross legged on the floor at one of her patient's houses as the patient she was attending to had antique furniture and did not want the patient sitting on the furniture. The patient was noted to be symptomatic. The patient was noted to have tenderness in the lower part of the para dorsal area, no tenderness or spasm noted in the upper dorsal area. The patient was noted to have spasms in the lower part of the dorsal area. There was noted to be tenderness in the right sciatic notch and spasm in the paralumbar area from L1 through S1, more right than left. The patient's diagnosis was noted to be lumbosacral neuritis not otherwise specified. The request was made for the rental of a transcutaneous electrical nerve stimulation unit for a 1 month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of transcutaneous electrical nerve stimulation (TENS) unit for one (1) month trial:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Revision, Web Edition page 116

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115, 116.

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review failed to indicate the patient had trialed other appropriate pain modalities and that they had failed. Given the above and the lack of documentation of conservative care, the request for rental of transcutaneous electrical nerve stimulation (TENS) unit for one (1) month trial is not medically necessary.