

Case Number:	CM13-0032820		
Date Assigned:	12/06/2013	Date of Injury:	03/24/2010
Decision Date:	05/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/08/2013

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 and Rehabilitation and is licensed to practice in Texas. 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 43-year-old female who reported an injury on 03/24/2010 after she lifted rotors that caused a sudden onset of low back pain. The injured worker's treatment history included multiple medications, chiropractic care, acupuncture, and physical therapy. The injured worker was evaluated on 08/28/2013. It was documented that she continued to have ongoing chronic low back pain rated at 4/10 to 7/10. Physical findings included range of motion of the lumbar spine restricted due to pain, tenderness to palpation of the lumbar paraspinal musculature bilaterally and decreased sensation in the L4 and L5 dermatomes. The injured worker's diagnoses included extension based low back pain and chronic pain syndrome. The injured worker's treatment plan included acupuncture and the use of a TENS unit to assist the injured worker in independently managing her chronic pain at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM TENS UNIT WITH ██████ PROGRAMS FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT.

Decision rationale: The requested GSM TENS unit with [REDACTED] programs for purchase is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of a TENS unit as an adjunct treatment to an active functional restoration program. The clinical documentation submitted for review does not indicate that the injured worker is participating in any type of active therapy that would benefit from the adjunct treatment of a TENS unit. Additionally, California Medical Treatment Utilization Schedule recommends a 30 day home trial of this equipment that provides significant functional benefit and pain relief to support the purchase of this unit. There is no documentation that the injured worker has undergone a 30 day trial with evidence of functional improvement and pain relief. Therefore, purchase of a TENS unit would not be supported. As such, the requested GSM TENS unit with [REDACTED] programs for purchase is not medically necessary or appropriate.

ELECTRODES (8 PAIRS/MONTH) A4556 X 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: Since the GSM TENS Unit w/ [REDACTED] Program purchase decided in MAXIMUS case [REDACTED] is not medically necessary, none of the associated services, including the requested electrodes are medically necessary at this time

BATTERIES (6 AAA PER MONTH) A4630 X 3 MONTHS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested equipment is not supported by guideline recommendations, all ancillary requests would also not be supported.