

Case Number:	CM13-0035553		
Date Assigned:	12/13/2013	Date of Injury:	05/02/2013
Decision Date:	02/12/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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 22 years old and was injured on May 2, 2013. The patient has chronic back pain. The patient also reports left wrist pain with stiffness. The patient has had 13 physical therapy sessions. On physical examination patient has a slow and guarded gait. Range of motion of the lumbar spine is diminished. Patient has tenderness to palpation lumbar spine muscles. Straight leg test is positive bilaterally. TENS unit use is recommended by the provider to improve range of motion and improve activities of daily living. At issue is whether TENS unit is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Month home-based trial of Neurostimulator TENS-EMS: Upheld

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

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

Decision rationale: This patient does not reestablish criteria for TENS unit use. Guidelines indicate that TENS unit may be considered as a noninvasive conservative option for the treatment of low back pain if it is used as an adjunct to a program of evidence-based functional restoration. In this case, the medical records do not mention that the patient will use a TENS unit

in conjunction with skilled intervention required for functional restoration program. In addition, the effectiveness of TENS unit for relief of chronic low back pain remains controversial. The medical necessity of TENS unit use has not been established in this case. Guidelines for use are not met.