

Case Number:	CM13-0036659		
Date Assigned:	12/13/2013	Date of Injury:	07/06/1999
Decision Date:	02/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/21/2013

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 Family Practice 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 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 was a 46 year old male with a history of complaints of low back pain with radiating numbness and inability to flex his second toe on the right foot. Upon examination on October 23, 2013 the patient had full range of motion, had no neurological deficits and had a negative straight leg raise. The patient was noted to have participated in a physical therapy program with good result. The patient stated that his pain was almost gone but he had remaining stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (Home Purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for TENS Unit (Home Purchase) is non-certified. The California MTUS guidelines recommend the use of a TENS unit for patients with chronic pain lasting longer than 3 months. The documentation submitted for review does not document 3 months of pain. The guidelines also recommend a one-month trial period of the TENS unit. No documentation submitted for review indicates that a trial was performed for the patient.

Furthermore, the guidelines state that rental is preferred for the trial period. Thus, purchase of a TENS unit is not justified. Given the information submitted for review the request for TENS unit (Home Purchase) is non-certified.