

Case Number:	CM13-0037901		
Date Assigned:	12/18/2013	Date of Injury:	01/07/2008
Decision Date:	05/23/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/24/2013

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 58-year-old female who reported an injury on 01/07/2008. The mechanism of injury was not provided. The documentation of 08/21/2013 revealed that the injured worker had low back pain continuing at a level of 6/10 to a 3/10 to 4/10 with medications. The injured worker had tenderness to palpation, worse on the right posterior superior iliac spine. The straight leg raise was positive bilaterally, and the injured worker had decreased range of motion of the lumbar spine. The diagnoses included lumbar strain, lumbar radiculitis and lumbar degenerative disc disease. The treatment plan included to refill Norco, to continue a home exercise program and for followup visits on an as needed basis. Per the DWC Form RFA, the request was made for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-11.

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

Decision rationale: The 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 that the injured worker had neuropathic pain. There was a lack of documentation indicating the duration of use and whether the requested unit was for a trial or for purchase. If it was for purchase, there was a lack of documentation indicating objective functional benefit that was received and the duration of the trial period. The request as submitted failed to indicate the body part to be treated. Given the above, and the lack of clarity, the request for a TENS unit is not medically necessary.