

Case Number:	CM13-0039731		
Date Assigned:	12/20/2013	Date of Injury:	08/10/2009
Decision Date:	05/15/2014	UR Denial Date:	09/18/2013
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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 62-year-old male who reported an injury on 08/10/2009. The mechanism of injury involved heavy lifting. The injured worker is currently diagnosed with lumbar and lumbosacral spondylosis, lumbar degenerative disc disease, lumbar spinal stenosis, facet cysts, and lumbosacral strain. The injured worker was evaluated on 08/28/2013. The injured worker reported improvement in symptoms with physical therapy and TENS therapy. Physical examination revealed 50% to 75% normal range of motion, intact sensation, and negative straight leg raise. Treatment recommendations included physical therapy and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO THERAPY GARMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a non-invasive conservative option. A form-fitting TENS device is only

considered medically necessary when there is documentation of a large area that requires stimulation that a conventional system cannot accommodate or a medical condition that prevents the patient from using a traditional system, or a condition where the TENS unit must be used under a cast. The injured worker does not meet any of the above mentioned criteria for the use of a form-fitting TENS device. Therefore, the medical necessity has not been established. As such, the request is non-certified.