

Case Number:	CM13-0041567		
Date Assigned:	12/20/2013	Date of Injury:	10/03/2012
Decision Date:	05/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 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 24-year-old male who reported an injury on 10/03/2012. The mechanism of injury was not stated. Current diagnoses include lumbar spine strain, left lumbar radicular syndrome, and contusion injury involving the pelvis, left lateral epicondylitis, contusion/strain injury of the left wrist with de Quervain's tenosynovitis, probable left superficial radial nerve neuropraxia, and extruded lumbar disc herniation at L3-S1. The injured worker was evaluated on 08/20/2013. The injured worker was attending physical therapy with significant improvement. Physical examination revealed tenderness to palpation in the left upper, mid, and lower paravertebral muscles; limited lumbar range of motion; negative straight leg raising; tenderness to palpation over the lateral epicondyle on the left; tenderness to palpation over the left radial head; painful range of motion of the left wrist; tenderness to palpation over the lateral epicondyle and extensor origin; limited left elbow range of motion; tenderness to palpation over the lateral compartment of the left forearm; tenderness over the extensor compartment and first dorsal compartment in the left wrist; limited left wrist range of motion; mild tenderness to palpation over the thumb basal joint and first metacarpal in the left hand; tenderness to palpation over the posterior pelvis; decreased sensation in the left hand; and decreased sensation in the left L5 nerve root distribution. Treatment recommendations at that time included authorization 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 Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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 noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, there is no evidence of a successful 1-month trial prior to the request for a unit purchase. There was also no evidence of a treatment plan, including the specific short and long-term goals of treatment with the TENS unit. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.