

Case Number:	CM13-0041771		
Date Assigned:	12/20/2013	Date of Injury:	10/12/2012
Decision Date:	02/28/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Ohio and 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 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 42-year-old male who reported an injury on 10/12/2012 after he was working on a ladder and moved in a twisting motion causing him to have to jump approximately 7 feet to the ground. The patient reportedly sustained an injury to the low back. Previous treatments included medications, chiropractic care, physical therapy, a home exercise program, and the use of a TENS unit during therapy. The patient's most recent clinical examination findings included tenderness of the right iliac crest with improved lumbar range of motion. The patient's diagnoses included low back pain. The patient's treatment plan included continuation of medications and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month trial of transcutaneous electrical nerve stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: The requested 1 month trial of transcutaneous electrical nerve stimulation unit is not medically necessary or appropriate. The California Medical Treatment and Utilization

Schedule recommends a TENS unit for chronic intractable pain that has failed to respond to other conservative treatments. The clinical documentation submitted for review does not provide any evidence that the patient is in chronic intractable pain. The clinical documentation submitted for review does indicate that the patient is participating in a home exercise program and does not provide any evidence of significant intractable pain complaints. Therefore, the need for a TENS unit is not indicated. As such, the requested 1 month trial of transcutaneous electrical nerve stimulation unit is not medically necessary or appropriate.