

Case Number:	CM13-0043004		
Date Assigned:	12/27/2013	Date of Injury:	01/28/2013
Decision Date:	02/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/22/2013

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 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 is a 31-year-old female who reported an injury on 01/28/2013. The injury was noted to have occurred when the patient was trying to throw a 10 pound bag. The patient's diagnoses include lumbar radiculopathy, lumbar strain, and thoracic strain. Her symptoms include lower thoracic and lumbar spine pain. It was noted that she had previously tried physical therapy and chiropractic care, but reported no benefits, and claimed that therapy increased her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit For 30 day trial for possible purchase: Upheld

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

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

Decision rationale: A treatment plan at the patient's 09/17/2013 office visit was noted to include anti-inflammatory medications, Lidocaine patches, and a 30 day trial of a TENS (Transcutaneous Electrical Nerve Stimulation) unit. According to the Chronic Pain Medical Treatment Guidelines, a TENS unit is not recommended as a primary treatment modality, but a 1 month

home based tens unit trial may be recommended if used as an adjunct to a program of evidence based functional restoration. The clinical information submitted for review failed to indicate whether the patient was participating in a program of evidence based functional restoration, and specifically stated that the patient was not participating in physical therapy or chiropractic care as these treatments had not improved her pain and she reported them actually worsening her symptoms. In the absence of a functional based restoration program, the use of a TENS unit is not supported. As such, the request is non-certified.