

Case Number:	CM13-0044102		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2013
Decision Date:	04/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 Occupational Medicine 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:

This is a 35 year old male patient with a July 26, 2013 date of injury. A September 1, 2013 note states that he was successfully discharged from care for a back strain after successfully completing a rehabilitation program consisting of physical therapy and home exercises. He has taken up extra work and now notes a recurrence of back pain. An October 28, 2013 progress note states that the patient has completed 12 physical therapy sessions for a low back strain. He has returned to full duty. He has continued dependence on baclofen and hydrocodone for pain relief. He notes intermittent spasms at the end of the day. Examination revealed low back tenderness, limited lumbar range of motion. Diagnostic impression was lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A GOLDEN STATE MEDICAL HD COMBO TENS UNIT WITH HAN AND SUPPLIES: 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 Page(s): 114-115.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. This patient has a July 26, 2013 date of injury and a chronic lumbar strain. However, it is unclear that all other interventional pain modalities have been tried and failed. The objective response to physical therapy is unknown. There is no discussion of short and long-term goals of treatment. The request is for a purchase of the unit. There is no evidence of a successful trial with documentation of objective parameters of pain relief or functional benefit. The request is not medically necessary.