

Case Number:	CM13-0044435		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2013
Decision Date:	04/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery and is licensed to practice in Indiana, Texas and Virginia. 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 47-year-old female who was injured on June 26, 2013, in a mechanism that was not described in the provided records. The injured worker was diagnosed with a lumbar sprain. The current medications included Celebrex, Norco, Flexeril, and Ambien. The evaluation by the requesting provider on December 8, 2013, noted subjective complaints of low back pain. There was decreased lumbar flexion. Lower extremity motor and sensory examinations were grossly intact. There was positive sciatic notch tenderness. Decreased cervical extension was noted. Upper extremity motor and sensory examinations were intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZYNEX TENS UNIT AND SUPPLIES THREE TO SIX MONTHS RENTAL: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule states a one-month home-based TENS unit trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, only for the treatment of

complex regional pain syndrome or neuropathic pain, and complex regional pain syndrome II. The request is for a three to six month rental, which exceeds treatment guidelines. There is no documentation of neuropathic pain in this injured worker. A TENS unit would not be supported for a lumbar sprain. Based upon the medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported. The request for Zynex TENS unit and supplies, with a three to six month rental, for date of service July 30, 2013, is not certified.