

Case Number:	CM13-0045501		
Date Assigned:	06/13/2014	Date of Injury:	05/20/2012
Decision Date:	07/15/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on May 20, 2012. The mechanism of injury was noted as a slip and fall event. The most recent progress note, dated March 17, 2014, indicated that there were ongoing complaints of low back pain, right lower extremity pain, and that a recent right knee surgery had been completed. The physical examination demonstrated a 4'11, hypertensive (140/78) individual who was noted to be obese. There was tenderness to palpation of the cervical spine. A full range of motion of the bilateral shoulders was reported, and there was no evidence of any specific neurological deficits. Diagnostic imaging studies objectified the degenerative changes in the lumbar spine with osteoarthritic findings. Previous treatment included epidural steroid injections, chiropractic care and medications. A request had been made for pain management, facet injections and epidural steroid injections and was not certified in the pre-authorization process in March 2014. A TENS unit was not certified in the preauthorization process in November 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE ONE MONTH RENTAL OF A TENS UNIT FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: When noting the date of injury, the injury sustained, the findings on the objectified imaging studies and the lack of any change in the physical examination over the past several months, there is no clinical indication for the use of this device as a primary treatment modality. This is an older individual with significant ordinary disease of life degenerative changes, and there is no objectified neuropathic lesion of the amenable to such a device. The parameters outlined in the MTUS not support the use of this type of device and with the findings noted on the most recent progress notes reviewed, there is no clinical data presented to suggest the medical necessity of this device.