MAXIMUS Federal Services

Case Number:	CM13-0051909		
Date Assigned:	12/27/2013	Date of Injury:	07/31/2013
Decision Date:	03/04/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 & 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:

This 34 year-old female sustained a low back injury on 7/31/13. The patient felt a pinching sensation while manipulating tables. Request under consideration include DME Rental TENS Unit/Supplies. Initial evaluations noted normal x-rays of lumbar spine. The patient was certified formal PT; however, was non-compliant. She has been performing modified duty. Report of 9/19/13 from [redacted] noted patient with intermittent, localized, non-specific back pain with episodic referral to the legs of no particular pattern described. Exam noted weight of 217 lbs; reduced lumbar ROM; symmetrical DTRs; diffuse sensory hypoesthesia in L4-S1 dermatomes; isolated great toe weakness of extension and flexion. Request for TENS unit was non-certified on 10/16/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

rental of a TENS unit and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Low Back Chapter, Electrical Therapies.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatments are not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. The patient sustained a single lifting incident on date and continues with localized pain complaints. There is notation of non-compliance with therapy. X-rays are unremarkable and clinical exam show no specific definitive red-flag findings. Submitted reports have not demonstrated any failed conservative treatment towards a functional restoration program for this patient with what appears to be an uncomplicated lumbar sprain. There is no documented short-term or long-term goals of treatment with the TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the TENS Unit trial. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. The DME Rental TENS Unit/Supplies is not medically necessary and appropriate.