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| Case Number: | CM13-0060081 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 06/23/2011 |
| Decision Date: | 05/15/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Sports Medicine. 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 39-year-old male who reported an injury on 06/23/2011 while carrying a glass patio door. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included a TENS unit, surgical intervention at the L4-5 and L5-S1 levels, physical therapy, activity modifications, ice and heat applications, assisted ambulation, a home exercise program, epidural steroid injections, aquatic therapy and chiropractic care. The injured worker's most recent clinical evaluation was dated 09/04/2013. It was documented that the injured worker had ongoing low back complaints with limited range of motion secondary to pain, and a positive straight leg raising test with diminished sensation at the L4-5 and L5-S1 distribution on the left. The injured worker's diagnoses included lumbar disc displacement, depression and anxiety. The injured worker's treatment plan at that time was continuation of medications. A request was made for a 6-month supply of transcutaneous electrical nerve stimulator unit pads between 10/30/2013 and 04/28/2014 and a 2-year participation in a gym membership program with pool access between 10/30/2013 and 10/30/2015 was made. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months' supply of Transcutaneous Electrical Nerve Stimulator Unit pads between 10/30/2013 and 4/28/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, TENS (transcutaneous electrical nerve stimula.

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

Decision rationale: The requested 6-month supply of transcutaneous electrical nerve stimulator pads between 10/30/2013 and 04/28/2014 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that continued use of a TENS unit be supported by documentation of functional benefit and symptom relief. The clinical documentation does indicate that the injured worker has a history of using a TENS unit. However, the efficacy of that treatment is not provided within the documentation to support continued use. Therefore, the need for a 6-month supply of TENS unit supplies is not supported. As such, the requested 6-month supply of transcutaneous electrical nerve stimulator pads between 10/30/2013 and 04/28/2014 is not medically necessary or appropriate.