MAXIMUS Federal Services

Case Number:	CM13-0061192		
Date Assigned:	12/30/2013	Date of Injury:	11/24/2008
Decision Date:	04/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 38-year-old male who reported an injury on 11/24/2008. The mechanism of injury was noted to be the patient was lifting a box and felt low back pain. The patient was noted to have trialed physical therapy, chiropractic treatment, and epidural injections, along with prescription medication. The patient had surgery on L4-S1 360 on 08/13/2012 and 08/16/2012. The patient complained on the date of visit of low back pain radiating down to the left leg increased with physical activities. The patient's diagnoses were noted to be L4-S1 anterior posterior decompression and fusion 08/13/2012 and 08/16/2012 and an L3-4 foraminal disc bulge and intervertebral disc disorder of the lumbar region. The submitted request was for TENS unit supplies per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit supplies per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115, 116..

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend for ongoing treatment a 1-month trial must be documented how often the unit was used, outcomes in terms of pain relief and function, and that it was used as an adjunct to ongoing treatment modalities with a functional restoration approach. Clinical documentation submitted for review failed to indicate the patient had use of a TENS unit. There was lack of documentation indicating how often the unit was used, outcomes in terms of pain relief and objective increase in function, and that it was used as an adjunct to ongoing treatment modalities. Additionally, there was lack of documentation per the submitted request for the quantity of supplies being requested as well as the type of supplies being requested. Given the above, the request for TENS unit supplies per month is not medically necessary.