

Case Number:	CM13-0063668		
Date Assigned:	12/30/2013	Date of Injury:	06/24/2013
Decision Date:	04/11/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Interventional Spine, 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 is a 45 year-old male who was injured on 6/24/13 when he fell off a ladder. He has been diagnosed with lumbar radiculopathy; multilevel disc herniation; and bilateral posterior shoulder/mid back strain. According to the 11/7/3 report from [REDACTED], the patient presents with sharp pain in the neck/mid/low back with numbness and tingling. The plan was to continue with the authorized PT and await EMG/NCV BLE and request a TENS unit. [REDACTED] first evaluated the patient on 10/10/13. On 11/26/13 UR denied the request for TENS because there was no evidence of a TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The employee presents with sharp pain in the neck/mid/low back with numbness and tingling. The records show the employee has tried Tramadol, Ibuprofen and Soma.

The employee was prescribed PT and was partially through his authorized PT visits on 11/7/13 when [REDACTED] made the first request for TENS purchase. The MTUS guideline criteria for TENS indicates that the pain needs to exist for at least 3-months duration, which it has, but also indicates other appropriate pain modalities have been tried and failed. There is no mention of first-line medications for neuropathic pain being trialed or failing. The MTUS guidelines also indicate that there should be a one-month trial of TENS with documentation of efficacy before purchase. The MTUS criteria for TENS has not been met. The purchase of the TENS was not in accordance with MTUS guidelines, at the time it was requested.