

Case Number:	CM13-0064010		
Date Assigned:	01/03/2014	Date of Injury:	05/01/2012
Decision Date:	04/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 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 patient is a 32-year-old female who reported an injury on 05/01/2012. The mechanism of injury was noted to be that the patient was assisting the apartment complex when she was helping to evacuate tenants during a fire. The patient fell on the stairs, landed on her back, and injured her right wrist, her ankle, and her back. The patient underwent physical therapy per the documentation of 08/20/2013 and the symptoms had not resolved. The documentation of 08/20/2013 revealed the patient's extension was limited due to pain, as was the bilateral rotation. Examination was normal and the light touch sensation by dermatome was normal. The patient's diagnoses were noted to include low back pain and lumbar spine sprain. The physician's treatment included lidocaine patches 5% 12 hours on and 12 hours off and a 30 day trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A THIRTY (30) DAY TRIAL 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 TENS Page(s): 115-116.

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The patient had tried physical therapy. The clinical documentation submitted for review failed to indicate the patient would be utilizing the TENS unit with a program of evidence-based functional restoration. There was a lack of documentation indicating the patient had trialed and failed medications. Given the above, the request for a 30 Day Trial of TENS Unit for the Lumbar Spine is not medically necessary.