

Case Number:	CM13-0064216		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2011
Decision Date:	04/10/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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:

The patient is a 37 year old female that reported an injury for 04/01/2011. The mechanism of injury was a fall. The clinical records dated 10/11/2013 noted that the patient worked until 08/2011 with her injury and then diagnosed with an Anterior Cruciate Ligament tear to her left knee, surgery was recommended but the patient had gotten pneumonia and the surgery was cancelled. The patient complained on constant pain to her lower back. An MRI was ordered with impression of disc desiccation noted at L5-S1, reduced intervertebral disc height noted throughout at L5-S1, Schmorl's node noted throughout the thoracolumbar levels, L4-5: diffuse disc protrusion with effacement of the cal sac. Bilateral neuroforaminal narrowing that encroaches the left and right L5 exiting nerve roots, disc measurements: pre load bearing 3.5 mm: post load bearing: 3.7mm; L5-S1: diffuse disc protrusion without effacement of the cal sac. Bilateral neural foraminal stenosis that encroaches the left and right L5 exiting nerve roots. Disc measurements Pre load bearing: 3.5mm, Post load bearing: 3.7mm; Grade 1 retrolisthesis of L5 over S1 noted; Pre and post load bearing imaging revealed no significant difference.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies dos 8/20/13: 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: 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 documentation provided did not include a recommendation for a thirty day trial of the TENS unit and did not have documentation of any therapies tried or a current medication list for the patient. Therefore, the request is non-certified.