

Case Number:	CM13-0066120		
Date Assigned:	01/03/2014	Date of Injury:	06/24/2013
Decision Date:	04/15/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; initial return to regular work; subsequent removal from the workplace; transfer of care to and from various providers in various specialties; and electrodiagnostic testing of October 10, 2013, interpreted as within normal limits. In a utilization review report of December 16, 2013, the claims administrator denied a request for provision of a TENS unit for home use purposes. The applicant's attorney subsequently appealed. On October 16, 2013, the applicant was described as having derived only temporary benefit from earlier physical therapy. The applicant did report persistent low back pain radiating to the legs with limited lumbar range of motion, palpable tender points, and positive straight leg raising noted. Trigger point injection therapy and provision of home TENS unit were sought while the applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, provision or usage of a TENS unit beyond one-month trial of the same should be predicated on favorable "outcomes in terms of pain relief and function..." In this case, however, there is no indication that the patient has successfully completed a one-month trial of a Tens unit. The request for a Tens unit for a home use is not medically necessary and appropriate.