

Case Number:	CM14-0001917		
Date Assigned:	01/24/2014	Date of Injury:	08/14/2009
Decision Date:	06/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 injured worker is a 55-year-old male who reported an injury on 08/14/2009 after he was jolted by a heavy load in a truck. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included facet injections, acupuncture, physical therapy, H-wave therapy, and epidural steroid injections. The injured worker was evaluated on 08/06/2013. It was documented that the injured worker had continued pain complaints of the low back. Physical findings included limited range of motion secondary to pain with +3 tenderness to palpation of the paravertebral musculature and a positive Kemp's test bilaterally. A request was made for a 30 day in-home trial of a TENS unit. The injured worker was again evaluated on 08/28/2013. It was documented that the injured worker had increased lumbosacral pain rated at a 9/10. The injured worker was evaluated on 09/10/2013. It was documented that the injured worker had continued pain complaints of the lumbar spine. A request for the purchase of a TENS unit was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROSTIMULATOR TENS/EMS UNIT: 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 Chronic Pain Medical Treatment Guidelines TENS Unit Page(s): 114.

Decision rationale: The requested neurostimulator TENS/EMS unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a purchase of a TENS unit be based on documented functional improvement and pain relief resulting from a 30 day trial. It is documented that the injured worker underwent a 30 day clinical trial of the use of a TENS unit. However, the results of that trial were not provided. There was no documentation of significant functional benefit or pain relief as a result of the use of a TENS unit. As such, the requested neurostimulator TENS/EMS unit is not medically necessary or appropriate.