

Case Number:	CM14-0007255		
Date Assigned:	02/12/2014	Date of Injury:	06/08/2012
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/20/2014

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, 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 injured worker is a 54-year-old male who reported an injury on June 8, 2012, from moving a table. The Request for Authorization was not provided in the medical records. The injured worker has a history of low back pain. His medications include Robaxin, Voltaren, and Neurontin. The November 25, 2013 clinical note reported a complaint of low back pain rated 4/10, with radiation down the right leg to the toes. On examination, he had 45 degrees of flexion, 15 degrees extension, 30 degrees lateral bending bilaterally, with pain upon palpation to the bilateral lumbar paraspinal. He was recommended to continue his medication regimen and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE LS SPINE:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS - TRANSCUTANEOUS ELECTROTHERAPY,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve st.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not recommend transcutaneous electrical nerve stimulation as a primary treatment modality, but a one month trial may be considered if used as an adjunct to a program of evidence-based functional restoration for patients with CRPS, neuropathic pain, phantom limb pain, spasticity in a spinal cord injury, or multiple sclerosis. The documentation submitted indicated the injured worker had low back pain with radiation and was attending physical therapy; however, the documentation did not specify the injured worker had any of the aforementioned conditions and did not provide evidence of failed outcomes from conservative therapies to support the need for the unit. Additionally, the request is for purchase of the unit, and the documentation did not provide evidence of outcomes from a one month trial. The request for a TENS unit purchase for eh lumbar spine is not medically necessary or appropriate.