

Case Number:	CM14-0009349		
Date Assigned:	02/14/2014	Date of Injury:	10/31/2013
Decision Date:	07/17/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/24/2014

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 51 year old female who reported an injury to her low back from a 1999 injury when she was attempting to restrain another injured worker when the other injured person became aggressive. The injured worker reported neck, low back, and bilateral wrist injuries. A clinical note dated 10/31/13 indicated the injured worker complaining of moderate intermittent low back pain. Range of motion limitations were also identified in the neck. Upon exam, the injured worker was identified as ambulating with a slow stooped gait. The injured worker utilized hydrocodone and tramadol and a back brace. A therapy evaluation dated 11/16/13 indicated the injured worker being treated for the neck and low back complaints. A clinical note dated 12/02/13 indicated the injured worker completing five chiropractic therapy sessions to date. The injured worker was previously approved for additional eight sessions. The clinical note dated 11/21/13 indicated the injured worker being recommended for a transcutaneous electrical nerve stimulation (TENS) unit and previously utilizing a TENS unit that alleviated some symptoms. The Utilization review dated 12/31/13 resulted in denial for the requested TENS unit as no information was submitted regarding previous trial of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT WITH SUPPLIES FOR HOME USE RFA 11-25-13 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Treatment, Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: The medical records provided for review indicates the injured worker complaining of ongoing neck pain and low back pain. A TENS unit is indicated for injured workers who have successfully undergone one month trial of TENS unit with objective functional improvement. There is indication that the injured worker has previously used a TENS unit, but no objective data was submitted confirming a positive response. As such, the request is not medically necessary and appropriate.