

Case Number:	CM14-0009885		
Date Assigned:	02/21/2014	Date of Injury:	05/27/2008
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 5/27/08. A utilization review determination dated 1/7/14 recommends non-certification of transcutaneous electrical nerve stimulation (TENS) unit and back brace purchase. 12/20/13 medical report identifies neck, bilateral shoulder, and low back pain. On exam, there is limited range of motion (ROM).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT PURCHASE: Upheld

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, CHRONIC PAIN, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, .

Decision rationale: Regarding the request for TENS (transcutaneous electrical nerve stimulation) unit purchase. California MTUS notes that a TENS unit purchase is supported only after there is evidence that other appropriate pain modalities have been tried (including medication) and failed and a one-month trial period of the TENS unit has been utilized with

documentation of how often the unit was used, outcomes in terms of pain relief and function, other ongoing pain treatment during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit has been submitted. Within the documentation available for review, there is no documentation of a TENS trial as described above and, unfortunately, there is no provision for modification of the current request from a TENS purchase to a TENS trial. In light of the above issues, the currently requested TENS (transcutaneous electrical nerve stimulation) unit purchase is not medically necessary.

BACK BRACE PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for a back brace purchase, CA MTUS and ACOEM state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of injury and there is no documentation of another rationale for a back brace such as a recent/pending surgery, compression fracture, spinal instability, etc. In the absence of such documentation, the currently requested back brace purchase is not medically necessary.