MAXIMUS Federal Services

Case Number:	CM14-0106802		
Date Assigned:	07/30/2014	Date of Injury:	04/13/1993
Decision Date:	10/01/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 55-year-old male who reported an injury on 04/13/1993. The mechanism of injury was not provided for clinical review. The diagnoses included lumbosacral spondylosis without myelopathy, thoracic or lumbar radiculitis, sacroiliitis, and anxiety. The previous treatments included medication, TENS unit, massage, ice/heat packs, and pool therapy. Within the clinical note dated 06/11/2014, it was reported the injured worker complained of back pain. He rated his pain 8/10 in severity. The injured worker reported the last TENS unit was broken. Upon the physical examination, the provider noted the injured worker had no anxiety/depression, no acute distress. The provider noted the injured worker had no focal motor deficits. The provider requested a TENS unit for lumbosacral neuritis or radiculitis. Request for Authorization was submitted on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit- Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

Decision rationale: The request for TENS unit - thoracic and lumbar spine is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration and there is evidence that other appropriate pain modalities have been tried (including medication) and failed. There is lack of documentation including significant deficits upon the physical examination warrating the medical necessity. There is lack of documentation indicating the injured worker underwent an adequate trial of a TENS unit and the efficacy of the previous treatment of the TENS unit. The request submitted failed to provide the length of time the TENS unit is to be utilized. The request submitted failed to provide whether the TENS unit is needed for purchase or rental. Therefore, the request is not medically necessary.