

Case Number:	CM14-0107834		
Date Assigned:	08/01/2014	Date of Injury:	10/01/1993
Decision Date:	09/22/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 case involves a 58 year old male who sustained a work injury on 10/1/93 involving the low back. He was diagnosed with lumbar degenerative disc disease and L5-S1 facet arthropathy. He had used oral analgesics and muscle relaxants for symptomatic relief. A progress note dated 1/25/14, indicated the claimant had continued back pain. He had completed physical therapy and chiropractor manipulation. The examination findings revealed reduced range of motion of the lumbar spine with normal neurological findings. He had been using a TENS unit. The treating physician continued his oral medications. On 3/27/14, a request was made for a GSM HD Purchase/ TENS unit with HAN and replacement electrodes as well as batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD combo TENS unit with HAN programs and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 115-116.

Decision rationale: According to the MTUS guidelines, a TENS unit is appropriate for intractable pain due to diabetic /herpetic neuropathy, complex regional pain syndrome (CRPS),

Spasticity from spinal cord injury or Multiple Sclerosis. In this case, the injured worker did not have these diagnoses. In addition, there were no neurological findings or mention of intractable pain. Therefore, the request for a GSM/TENS unit is not medically necessary.

12 replacement batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 115-116.

Decision rationale: Since the TENS unit above is not necessary, the replacement batteries are not medically necessary.

8 electrodes, pair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 115-116.

Decision rationale: Since the TENS unit above is not necessary, the replacement electrodes are not medically necessary.