

Case Number:	CM14-0010681		
Date Assigned:	02/21/2014	Date of Injury:	03/08/2010
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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:

The claimant is a 31-year-old man who says that he was injured 3/8/2010, and now has chronic low back pain. He has disc herniations at L3-4 and L4-5. He had a hemilaminectomy at L3-4 and L4-5 on 10/8/2010. He had additional lumbar surgery 5/24/2011. Per his surgeon, he is a candidate for a fusion. A TENS unit is being requested for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE FOR LIFETIME USE: 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 - TRANSCUTANEOUS ELECTROTHERAPY, 116

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTROTHERAPY, 114-116

Decision rationale: Criteria was not met for home TENS use. There is not documentation of a successful home trial of the TENS with documentation of how often the unit is used as well as the outcome in terms of pain relief and improved function. There is not adequate information to call the TENS medically necessary and is denied.

