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| Case Number: | CM14-0014599 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 08/02/2012 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/05/2014 |

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 American Board of Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old individual was injured in August, 2012. There are ongoing complaints of low back pain, noted at 7/10. There some radiation of symptomology in the right lower extremity. Some marginal response to the TENS unit is noted. Enhance imaging studies noted some degenerative coronary disease of life osteoarthritic changes. The clinical assessment is a myofascial low back pain. Multiple medications are prescribed. A previous request for this device has not been certified in the preauthorization process. There is no noted efficacy with utilization of this device objectified in the medical records presented for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: 3 MONTH SUPPLY OF E-STIM (TENS PATCHES): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. § 1.1.

Decision rationale: This is an individual who had a soft tissue myofascial strain type injury. A trial of the TENS unit is some marginal relief. However, there is no competent, objective and

independently confirmable medical evidence presented to suggest any efficacy were usually with the implementation of this type of treatment protocol. As such, based on the clinical examination reported and the relative lack of any efficacy or utility, there is insufficient clinical data presented to support this request.