

Case Number:	CM14-0015655		
Date Assigned:	03/03/2014	Date of Injury:	11/08/2012
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 52 year-old male with an 11/08/2012 date of injury. Diagnoses include grade 2 spondylolisthesis at L4/5; bilateral pars fractures at L4; constant severe low back pain; severe lumbar spinal stenosis at L4/5; and failure to resonse to extensive non-surgical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS DEVICE 4/MORE LEADS MX NERVE STIMULATION FOR THE RIGHT ELBOW, FOREARM SPRAIN AND LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The MTUS guidelines has criteria for TENS and states: "A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary" In this case, there is no discussion of a TENS unit or documentation of why the 4-lead unit is necessary. Therefore, the request for a TENS unit for the right elbow, forearm sprain and lumbar is not medically necessary and appropriate.

