

Case Number:	CM14-0019340		
Date Assigned:	04/21/2014	Date of Injury:	01/10/2011
Decision Date:	07/02/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51 year old male with a reported cumulative injury dated 08/13/2009 to 01/10/2011. The mechanism of injury was not submitted with the medical records. The progress note dated 01/24/2014 reported the injured worker complained of low back pain with right lower extremity symptoms with discopathy. The progress note also listed the diagnoses as severe rotator cuff tear, status post multiple shoulder surgeries, and L4-5, L5-S1 discopathy. The progress note also reported the injured worker used a TENS unit as a rental and it was returned and is only using pain medications. The request for authorization form was not submitted with the medical records. The request is for a purchase of PRO-Stim 5.0 Electrotherapy device (TENS) with 3 months of supplies (Electrodes, lead wires replacement batteries) for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF PRO-STIM 5.0 ELECTRO THERAPY DEVICE (TENS) WITH 3 MONTHS OF SUPPLIES (ELECTRODES, LEAD WIRES, REPLACEMENT BATTERIES) FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-115.

Decision rationale: The injured worker used a rental TENS unit which was returned to the company. The California Chronic Pain Medical Treatment guidelines do not recommend a TENS unit as a primary treatment modality. The guidelines also state TENS does not appear to have an impact on perceived disability or long-term pain. The injured worker used the TENS unit for a trial, however, there is lack of documentation regarding other treatments attempted as well as the effectiveness while utilizing the TENS unit. Therefore, the request is not medically necessary.