

Case Number:	CM14-0019781		
Date Assigned:	04/28/2014	Date of Injury:	08/31/2013
Decision Date:	07/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 44-year-old individual sustained an injury on August 31, 2013. The primary diagnosis is listed as a sprain/strain of the lumbosacral region of the spine. The mechanism of injury was a trip and fall. Treatment to date has included physical therapy, medications, acupuncture, and enhanced imaging studies. An MRI noted degenerative changes in the lumbar spine. Previous plain films are also reported to be negative. Medications include Norco and Flexeril. The physical examination noted a slight decrease in lumbar range of motion. Chiropractic care was also delivered and the physical examination from the previous assessments is essentially unchanged. It is noted that this 5'10", 228 pound individual is normotensive. The MRI dated October 7, 2013 noted degenerative changes; no acute pathology is reported. Previous clinical evaluations noted the same physical examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR PURCHASE FOR THE LUMBAR SPINE: 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 Page(s): 114-116.

Decision rationale: When considering the reported mechanism of injury, the date of injury, findings on multiple clinical evaluations and taking into account the literature, the use of this type of device is not recommended as a primary treatment modality. The reported marginal success noted with brief utilization as part of the physical therapy modalities is not transitioned to any prolonged efficacy or utility. Furthermore, the criteria for using a TENS device are not met. Therefore, based on the data presented for review this request is not clinically indicated, and the request is not medically necessary.