

Case Number:	CM14-0019875		
Date Assigned:	02/21/2014	Date of Injury:	06/12/2012
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 Physician 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:

58 year old woman who claims injury from cumulative trauma, working in a repetitive and strenuous manner as a caregiver, 6/12/12. She has complaints of chronic low back pain - lumbar sprain, neck sprain and knee sprain. She is appealing the denial of supplies for her TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PURCHASE OF TENS SUPPLIES, DATE OF SERVICE(DOS):
01/02/14: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, TENS

Decision rationale: TENS should be used in conjunction with a functional restoration program. It should be part of a short and long-term documented treatment plan, with a clear understanding of goals of treatment. None of this is documented in materials reviewed. Ongoing need for TENS is not established. Hence, request for TENS supplies is denied.

