

Case Number:	CM14-0119469		
Date Assigned:	08/06/2014	Date of Injury:	09/18/2000
Decision Date:	10/01/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 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 44-year-old female was reportedly injured on September 18, 2000. The mechanism of injury is noted as lifting heavy cases. The most recent progress note, dated May 9, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness of the left sided SI joint and paraspinal muscles at L4 as well as the gluteus maximus and the piriformis. There was decreased sensation at the lateral aspect of the right lower leg and both the dorsal surface and plantar surface of the right foot. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes epidural steroid injection, a disc replacement at arthroplasty at L3 and L4, as well as a fusion from L4 through S1. There is also a surgery for spinal cord stimulator implantation and a repair of an abdominal wall wound related to the prior back surgery. A request had been made for the purchase of a TENS unit and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS: Chronic Intractable Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116 of 127..

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for use of a tens unit includes evidence that other appropriate pain modalities including medications have been tried and failed. Additionally there should be one-month trial period of a TENS unit to assess the outcome in terms of pain relief and function. The most recent medical record dated May 9 2014, indicates that existing medications are continued to be prescribed with no documentation that they are ineffective. Additionally there has been no prior TENS unit trial. As such, this request for a tens unit for purchase is not medically necessary.